


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90038 029 ****61.25

DOCUMENT # N94000001763

1. Entity Name
CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.



40052146



Principal Place of Business
12505 ORANGE DR SUITE 906 DAVIE, FL 33330 US

Mailing Address
12505 ORANGE DR SUITE 906 DAVIE, FL 33330 US

2. Principal Place of Business - No P.O. Box #
12233 SW 55 ST

3. Mailing Address
12233 SW 55 ST

Suite, Apt. #, etc.
811

City & State
COOLAR CITY FL

City & State
COOLAR CITY FL

Zip
33330

Country
USA

03302007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0512256

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POFFENBARGER, MARK
% CENTURY MGMT SERVICES INC
12505 ORANGE DR SUITE 906
DAVIE, FL 33330

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
12233 SW 55 STREET
STE 811
 City **COOLAR CITY FL** Zip Code **33330**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete MARQUEZ, LUIS 1272 NW 192 TERR PEMBROKE PINES, FL	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DINORATH FIELDS 19248 NW 14 ST PEMBROKE PINES, FL 33029
TITLE PD	<input type="checkbox"/> Delete COYLE, RICHARD 19281 NW 12TH MANOR PEMBROKE PINES, FL	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANETTE CHANDLER 19264 NW 14 STREET PEMBROKE PINES, FL 33029
TITLE D	<input type="checkbox"/> Delete SARDARDINGH, STEVEN 19257 NW 13 ST PEMBROKE PINES, FL 33029	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUSAN ZOVLUK 19273 NW 13 ST PEMBROKE PINES FL 33029
TITLE TD	<input type="checkbox"/> Delete CHAPARRO, ALBERTO 1235 N.W. 192 WAY PEMBROKE PINES, FL 33029	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> Delete BOWLING, YADDY 19264 NW 13TH ST PEMBROKE PINES, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC	<input type="checkbox"/> Delete CARVER, LAURA 1385 NW 192 TERRACE PEMBROKE PINES, FL 33029	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-2-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #