

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001763

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC9582492371**

**Entity Name:** CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WINNER PROPERTY SERVICES  
6850 DYKES RD  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

C/O WINNER PROPERTY SERVICES  
6850 DYKES RD  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number:** 65-0512256

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, STEVEN RESQ  
5599 S. UNIVERSITY DRIVE  
SUITE 303  
DAVIE, FL 33328 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEL VALLE, LUIS  
Address        C/O AMERICAN MANAGEMENT  
                  GROUP, LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            SECRETARY  
Name            BULLARD, BARBARA  
Address        C/O AMERICAN MANAGEMENT  
                  GROUP, LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            VP  
Name            OGRON, DARRYL  
Address        C/O AMERICAN MANAGEMENT  
                  GROUP, LLC  
                  9050 PINES BOULEVARD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS DEL VALLE

**P**

**02/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date