

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001763

Entity Name: CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 08, 2014
Secretary of State
CC2075259148

Current Principal Place of Business:

C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
PEMBROKE PINES, FL 33028

Current Mailing Address:

C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
PEMBROKE PINES, FL 33028 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 DIRECTOR
Name IRIZARRA, JOSE
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title T
Name CHAPARRO, ALBERTO
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title PRESIDENT
Name DEL VALLE, LUIS
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY
Name BULLARD, BARBARA
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title VP
Name OGRON, DARRYL
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name CLARKE, EDMUNDO
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name LOPEZ, RAUL
Address C/O AMERICAN MANAGEMENT GROUP, LLC
1806 NORTH FLAMINGO ROAD, SUITE 435
City-State-Zip: PEMBROKE PINES FL 33028

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 my hand and official capacity as officer, director, 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: DEL VALLE, LUIS

PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date