

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001763

FILED
Apr 01, 2013
Secretary of State
CC1229813880

Entity Name: CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
PEMBROKE PINES, FL 33028

Current Mailing Address:

C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
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 COYLE, RICHARD
Address 1806 N FLAMINGO ROAD, SUITE 410
City-State-Zip: PEMBROKE PINES FL 33028

Title T
Name CHAPARRO, ALBERTO
Address 1806 N FLAMINGO ROAD, SUITE 410
City-State-Zip: PEMBROKE PINES FL 33028

Title PRESIDENT
Name DEL VALLE, LUIS
Address C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY
Name FROMKIN, DEAN
Address C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name OGRON, DARYL
Address C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name CLARKE, EDMUNDO
Address C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name LOPEZ, RAUL
Address C/O AMERICAN MANAGEMENT GROUP I, LLC
1806 NORTH FLAMINGO ROAD, SUITE 410
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 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

PRESIDENT

04/01/2013

