

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001763

Entity Name: CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 09, 2015
Secretary of State
CC3153005639

Current Principal Place of Business:

C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024 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
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

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

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

Title DIRECTOR
Name CLARKE, EDMUNDO
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

PRESIDENT

03/09/2015

Electronic Signature of Signing Officer/Director Detail

Date