

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 027 ****70.00

DOCUMENT # N02187

1. Entity Name

CHAPEL CREEK AT BOCA WEST PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2465623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAUSS, NORBERT	
STREET ADDRESS	19260 CHAPEL CREEK DR.	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABAY, JOE	
STREET ADDRESS	19223 CHAPEL CREEK DRIVE	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBSON, ALLEN	
STREET ADDRESS	19402 CHAPEL CREEK DR	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, STEPHEN	
STREET ADDRESS	19386 CHAPEL CREEK DR	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAGLEY, MILTON	
STREET ADDRESS	19319 CHAPEL CREEK DRIVE	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EMAS, STAN	
STREET ADDRESS	19354 CHAPEL CREEK DRIVE	
CITY- ST- ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISROFF, Chuck	
STREET ADDRESS	19187 Chapel Creek Dr	
CITY- ST- ZIP	Boca Raton FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRESNER, SY	
STREET ADDRESS	19211 Chapel Creek Dr	
CITY- ST- ZIP	Boca Raton FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMAS, FERNE	
STREET ADDRESS	19354 Chapel Creek Dr	
CITY- ST- ZIP	Boca Raton FL 33434	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Allen Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

5614875756

Date

Daytime Phone #