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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34464 (0)

1. Corporation Name
CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % P.O. BOX 820696 SOUTH FLORIDA FL 33082-0696	Mailing Address % P.O. BOX 820696 SOUTH FLORIDA FL 33082
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3. Date Incorporated or Qualified 10/03/1989	3a. Date of Last Report 03/18/1996
4. FEI Number 65-0191361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**LITOW, LAURENCE S
SUITE 3100, ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
Gary A. Poliakov, President

82. Street Address (P.O. Box Numbers are Not Acceptable)
Becker & Poliakov, P.A.

83. **3111 STIRLING ROAD**

84. City
FT LAUDERDALE FL

85. Zip Code
33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* **PRES** DATE: **S-1-97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MACGREGOR, MALCOLM	
STREET ADDRESS 20541 NW 8TH STREET	
CITY-ST-ZIP PEMBROKE PINES FL 33029	
TITLE VPD	<input type="checkbox"/> DELETE
NAME KINNEY, GARY	
STREET ADDRESS 20610 NW 8TH ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME RUIZ, LUIS	
STREET ADDRESS 20600 NW 8TH STREET	
CITY-ST-ZIP PEMBROKE PINES FL 33029	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME KINNEY, GARY	
1.3 STREET ADDRESS 20610 NW 8 ST	
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33029	
2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MICHAEL LISTER	
2.3 STREET ADDRESS 631 NW 205 AVE	
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33029	
3.1 TITLE TSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME LUIS RUIZ	
3.3 STREET ADDRESS 20600 NW 8 ST	
3.4 CITY-ST-ZIP PEMBROKE PINES FL 33029	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SECRETARY** DATE: **4/25/97 (951) 4357053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)