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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34464

1. Corporation Name

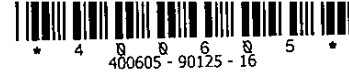
CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% P.O. BOX 820696
SOUTH FLORIDA FL 33082-0696

Mailing Address

% P.O. BOX 820696
SOUTH FLORIDA FL 33082-0696



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/03/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0191361

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A PRESIDE
BECKER & POLIAKOFF PA
3111 STIRLING ROAD
FT LAUDERDALE FL 33312

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KINNEY, GARY
STREET ADDRESS 20610 NW 8 ST
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE PD
1.2 NAME VERNON TORREY
1.3 STREET ADDRESS 530 NW 205 AVE
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33089

TITLE VPD
NAME LISTER, MICHAEL
STREET ADDRESS 621 N.W. 205 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE VPD
2.2 NAME JEFF PACK
2.3 STREET ADDRESS 20611 NW 8 STREET
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE TSD
NAME RUIZ, LUIS
STREET ADDRESS 20600 NW 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE TREASURER
3.2 NAME DOREESE TORREY
3.3 STREET ADDRESS 530 NW 205 AVE
3.4 CITY-ST-ZIP PEMBROKE PINES FL 33089

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE SEC DIR
4.2 NAME MICHAEL LISTER
4.3 STREET ADDRESS 621 NW 205 AVE
4.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0084917

CR2E037-(11/98)