

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90076 010 \*\*\*\*61.25

**DOCUMENT # N34464**

**1. Entity Name**  
**CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
% P.O. BOX 820696 SOUTH FLORIDA FL 33082-0696	% P.O. BOX 820696 SOUTH FLORIDA FL 33082



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

**4. FEI Number** **65-0191361** Applied For  Not Applicable

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip Country	Zip Country

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORREY, VERNON	
STREET ADDRESS	530 NW 205 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LISTER, MICHAEL	
STREET ADDRESS	621 N.W. 205 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PACK, JEFF	
STREET ADDRESS	20611 NW 8 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORREY, DOREESE	
STREET ADDRESS	530 NW 205 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary Dyer, Jackie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20530 N.W. 7th St.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 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:** *Vernon J. Torrey* **SIGNATURE REQUIRED** *Terrence J. Torrey* **964 - 430-3418**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)