## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90077 015 \*\*\*\*61.25

DOCUMENT # N34464  1. Entity Name CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.				02	3-04-2005 9007 	7 015 ****6	01.25	
C/O MIAMI MANAGEMENT C/O 1145 SAWGRASS CORP. PKWY. 114		Mailing Address C/O Miami Management 1145 Sawgrass Corp. Pkwy. Sunrise, FL 33323 US			TRIN <b>and in r</b> oll and a grant and a	## <b>                                      </b>		
Principal Place of Business     3. N		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242005 Ch	g-NP CR2	E037 (10/03)		
City & State		City & State		4. FEI Number 65-019136	1	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent		7. Name and Addr	ess of New Register	ed Agent		
KATZMAN & KORR, P.A.  1501 NW 49TH STREET  SUITE 202				ss (P.O. Box Number is N	s (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE, FL 33309						<del>-</del> .		
The above named entity submits this statement for the purpose of changing its registere			City	FL Zip Code				
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Re  Make check payable to								
***	Due by May 1, 2005	Trust Fund Co	Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIREC	=/	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	110	
NAME STREET ADDRESS CITY-ST-ZIP	PACK, JEFF 20611 NW 8 ST. PEMBROKE PINES, FL 33029	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGARDI, JENNIFER 20751 NW 8 ST PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	VP PEARCE, JOHN 20601 NW 8 ST. PEMBROKE PINES, FL 33029	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARCE, JOHN 5601 NW 8 St EMBTOKE PAS	5 FL33020	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 1VI	ILSON, JACK 10 NW 207 Jembroke F		C Channe	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with thi on this report or supplemental report is tru	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Onlings	Addition	

illuctated on this report of 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.