


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90167 017 \*\*\*\*61.25

**DOCUMENT # N34464**

1. Entity Name  
 CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.



40040000



02212006 Chg-NP CR2E037 (11/05)

Principal Place of Business  
 C/O MIAMI MANAGEMENT  
 1145 SAWGRASS CORP. PKWY.  
 SUNRISE, FL 33323 US

Mailing Address  
 C/O MIAMI MANAGEMENT  
 1145 SAWGRASS CORP. PKWY.  
 SUNRISE, FL 33323 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
 65-0191361

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR, P.A.  
 1501 NW 49TH STREET  
 SUITE 202  
 FORT LAUDERDALE, FL 33309

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. 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

**Filing Fee is \$61.25 Due by May 1, 2006**

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	V	<input type="checkbox"/> Delete
NAME	WILSON, JACK	
STREET ADDRESS	510 NW 207 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	INGARDI, JENNIFER	
STREET ADDRESS	20751 NW 8 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEARCE, JOHN	
STREET ADDRESS	20601 NW 8 ST.	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMA, HOPE	
STREET ADDRESS	20710 NW 5ST.	
CITY-ST-ZIP	Pembroke Pines FL 33029	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_ Date: 2/21/06 Daytime Phone #: (954) 570-2407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR