
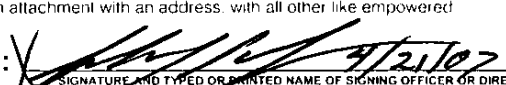


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 005 ****61.25

DOCUMENT # N34464 1. Entity Name CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V <input checked="" type="checkbox"/> Delete			TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JACK			NAME	Wilson, Jack
STREET ADDRESS	510 NW 207 TERR			STREET ADDRESS	510 NW 207 terr
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			CITY-ST-ZIP	P. Pines FL 33029
TITLE	T <input type="checkbox"/> Delete			TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGARDI, JENNIFER			NAME	DRANG, Steffany
STREET ADDRESS	20751 NW 8 ST			STREET ADDRESS	20621 NW 8ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			CITY-ST-ZIP	P. Pines FL 33029
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, JOHN			NAME	
STREET ADDRESS	20601 NW 8 ST.			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMA, HOPE			NAME	
STREET ADDRESS	20710 NW 5 ST			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33029			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:  9/21/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					