


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90041 036 ****61.25

DOCUMENT # N34464		
1. Entity Name CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business C/O CENTURY MANAGEMENT SERVICES, INC. 12233 SW 55TH STREET, 811 COOPER CITY, FL 33330 US	Mailing Address C/O CENTURY MANAGEMENT SERVICES, INC. 12233 SW 55TH STREET, 811 COOPER CITY, FL 33330 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

Century Management Services, Inc. Century Management Services, Inc.
1495 North Park Drive 1495 North Park Drive
Weston, Florida 33326 Weston, Florida 33326

1172008 Chg-NP CR2E037 (12/06)

FEI Number 65-0191361	Applied For Not Applicable
---------------------------------	-------------------------------

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, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, JACK 510 NW 207 TERR PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGARDI, JENNIFER 20751 NW 8 ST PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARCE, JOHN 20601 NW 8 ST PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMA, HOPE 20710 NW 5 ST HOLLYWOOD, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRANG, STEFFANY 20621 NW 8 ST PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Raymond Wilson 510 NW 207th Terr. Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #