
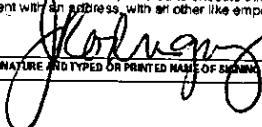


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90178 040 ***61.25

80051011

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N34464			
1. Entity Name CHAPEL POINTE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % P.O. BOX 820696 SOUTH FLORIDA, FL 33082-0696		Mailing Address % P.O. BOX 820696 SOUTH FLORIDA, FL 33082-0696	
2. Principal Place of Business City, Apt. #, etc. 1145 Sawgrass Corp Pkwy Sunrise, FL		3. Mailing Address City, Apt. #, etc. 1145 Sawgrass Corp Pkwy Sunrise, FL	
Zip 33323	Country USA	Zip 33323	Country USA
4. FEI Number 65-0191361		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when re-issuing)	
FILE NOW! FEE IS \$61.25		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			
TITLE	PD WHITTAKER, BETTY 770 NW 207 TERR HOLLYWOOD, FL 33029	<input checked="" type="checkbox"/> Delete	
TITLE	VPD PACK, JEFF 20611 NW 8 ST PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	
TITLE	TD INGARDI, JENNIFER 20751 NW 8TH ST. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD/5 Rodriguez, Jackie 760 NW 207 TERR PEMBROKE PINES FL 33029	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<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)(1), 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 an other like empowered.			
SIGNATURE: 		Date: 2/27/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CRF0037 (10/02)