

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003405</b> 1. Entity Name CHAPEL LAKE ESTATES HOMEOWNERS ASSOCIATION INC.	
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Principal Place of Business 75 NE 6 AVENUE SUITE 206 DELRAY BEACH, FL 33483 US	Mailing Address 75 NE 6 AVENUE SUITE 206 DELRAY BEACH, FL 33483 US
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0436843	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ESTEBANEZ, ERIC C/O POINTE MGMT GROUP 75 NE 6 AVENUE, SUITE 206 DELRAY BEACH, FL 33483
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**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000614157 02/13/08-80033-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIEVES, MIGUEL A JR 971 NW 185 TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, RHONDA 971 NW 185 TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHINEOS, CLEO 1060 NW 185 AVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORBES, DONNA 18421 NW 9TH CRT HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELITO, DY 1030 NW 185 TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/25/08</b> <small>Date</small>	<b>(561) 274-3031</b> <small>Daytime Phone #</small>
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