

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001763

1. Entity Name
CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

12505 ORANGE DR
SUITE 906
DAVIE, FL 33330 US

Mailing Address

12505 ORANGE DR
SUITE 906
DAVIE, FL 33330 US

DO NOT WRITE IN THIS SPACE



03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0512256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
% CENTURY MGMT SERVICES INC
12505 ORANGE DR SUITE 906
DAVIE, FL 33330

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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

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARQUEZ, LUIS
STREET ADDRESS	1272 NW 192 TERR
CITY- ST- ZIP	PEMBROKE PINES, FL
TITLE	PD
NAME	COYLE, RICHARD
STREET ADDRESS	19261 NW 12TH MANOR
CITY- ST- ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	SARDARDINGH, STEVEN
STREET ADDRESS	19257 NW 13 ST
CITY- ST- ZIP	PEMBROKE PINES, FL 33029
TITLE	TD
NAME	CHAPARRO, ALBERTO
STREET ADDRESS	1235 N.W. 192 WAY
CITY- ST- ZIP	PEMBROKE PINES, FL 33029
TITLE	VD
NAME	BOWLING, YADDY
STREET ADDRESS	19264 NW 13TH ST
CITY- ST- ZIP	PEMBROKE PINES, FL
TITLE	SEC
NAME	CARVER, LAURA
STREET ADDRESS	1385 NW 192 TERRACE
CITY- ST- ZIP	PEMBROKE PINES, FL 33029

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04/13/06-80033-001 61.25

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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 title empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If