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

## DOCUMENT # N94000001763

CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

12233 SW 55 ST

6. Name and Address of Current Registered Agent

SUITE 811 COOPER CITY, FL 33330 Mailing Address

12233 SW 55 ST SUITE 811

COOPER CITY, FL 33330

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



**FILED** Feb 15, 2008 8:00 am

Secretary of State

02-15-2008 90003 030 \*\*\*\*61.25

Century Management Services, Inc. Century Management Services, Inc. 72008 1495 North Park Drive 1495 North Park Drive Weston, Florida 33326 Weston, Florida 33326

Chg-NP CR2E037 (12/06)

Number 5-0512256 Applied For Not Applicable \$8.75 Additional ertificate of Status Desired Fee Required Name and Address of Nau Booksond Agent

| POFFENBARGER, MARK<br>12233 SW 55 ST<br>STE 811<br>COOPER CITY, FL 33330   |  |  |                                       | Century Management Services, Inc.  1495 North Park Drive Weston, Florida 33326   |                  |                                     |          |  |
|--|--|--|---------------------------------------|--|------------------|-------------------------------------|----------|--|
| 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<br>Due by May 1, 2008  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. |                                       | _ \\ \mathfrak{\sigma} \cdot \ |                  | eck payable to<br>partment of State |          |  |
| 10.  | OFFICERS AND DIRECTORS   | , and the second second                                    | 11.                                   | ADDITIONS/CHANGES TO   | OFFICERS AND DIF | RECTORS IN                          | 10       |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  | D<br>MARQUEZ, LUIS<br>1272 NW 192 TERR<br>PEMBROKE PINES, FL             | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>Janette Chandle<br>19244 NW 14th<br>Pembroke Pines,   | Str.             | ☐ Change                            | Addition |  |
| HITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>COYLE, RICHARD<br>19281 NW 12TH MANOR<br>PEMBROKE PINES, FL        | ☐ Defete   | TITLE NAME STREET AODRESS CITY-ST-ZIP | D. Dinorath February 19248 NW 14th Pembroke Pines  | es<br>n Street   | ☐ Change                            | Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>SARDARDINGH, STEVEN<br>19257 NW 13 ST<br>PEMBROKE PINES, FL 33029   | ☐ Defele   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SUSAN ZOVIUC<br>19273 NW 13S<br>PEMBROHE PI  | K_<br>treet      | □ Change                            | Addition |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CHAPARRO, ALBERTO<br>1235 N.W. 192 WAY<br>PEMBROKE PINES, FL 33029 | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-SI-ZIP |  |                  | ☐ Change                            | Addition |  |
| THILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BOWLING. YADDY<br>19264 NW 13TH ST<br>PEMBROKE PINES, FL           | ☐ De lete<br>  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NP   |                  | Change                              | Addition |  |
| NAME. STREET ADDRESS CITY-ST-ZIP   | SEC CARVER, LAURA 1385 NW 192 TERRACE PEMBROKE PINES, FL 33029           | ☐ Delete   | NITLE NAME STREET ADDRESS CITY-ST-ZIP | 110 5  |                  | ☐ Change                            | Addition |  |

Thereby certify that the information supplied with this filling does not quality 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.