

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006385

**Entity Name:** CHAPEL PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HIGHWAY  
TAMPA, FL 33618

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC7669888113**

**Current Mailing Address:**

4131 GUNN HIGHWAY  
TAMPA, FL 33618 US

**FEI Number: 69-0011066**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ELLIS, JONATHAN J  
101 E. KENNEDY BLVD. SUITE 2800  
TAMPA, FL 33602 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name SCHMIDT, MIKE  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title TD  
Name WILLIAMS, DARRIN  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title SD  
Name QUINONES, DAVID  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title VP  
Name LEE, JOHN  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name BOROWSKI, MARGARET  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIKE SCHMIDT**

**P**

**04/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date