

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34464

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**8611168924CC**

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

**Current Principal Place of Business:**

POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET B  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET B  
DELRAY BEACH, FL 33444 US

**FEI Number:** 65-0191361

**Certificate of Status Desired:** No

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

ESTEBANEZ, ERIC  
POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET B  
DELRAY BEACH, FL 33444 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:** ERIC ESTEBANEZ

04/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEAGRELLA, JOANN  
Address        15951 SW 41 STREET  
                  300  
City-State-Zip: DAVIE FL 33331

Title            VP  
Name            CARDOSA, JOSE  
Address        15951 SW 41 STREET  
                  300  
City-State-Zip: DAVIE FL 33331

Title            TREASURER/ DIRECTOR  
Name            ROJAS , EDUARDO  
Address        15951 SW 41 STREET  
                  300  
City-State-Zip: DAVIE FL 33331

Title            DIRECTOR  
Name            BRASIL, GLAUCE  
Address        15951 SW 41 STREET  
                  300  
City-State-Zip: DAVIE FL 33331

Title            SECRETARY  
Name            SUAREZ, RON  
Address        15951 SW 41 STREET  
                  300  
City-State-Zip: DAVIE FL 33331

*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:** JOANN DEAGRELLA

**PRESIDENT**

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date