

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729919 (1)

1. Corporation Name

CLEARBROOKE TOWNHOUSE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % SEABOARD ARBORS MANGEMENT SERVICES INC 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619
 % SEABOARD ARBORS MANGEMENT SERVICES INC 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619

3. Date Incorporated or Qualified 06/12/1974
 3a. Date of Last Report 03/23/1995

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number 59-1539303
 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENNARD LEIGHTON/SEABOARD ARBORS MNGMNT.
 1700 MCMULLEN BOOTH ROAD
 SUITE C3
 CLEARWATER FL 34619

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EISENHART STEVE <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1879 CLEARBROOKE DR	12 NAME	Elizabeth Carollo
STREET ADDRESS	CLEARWATER FL	13 STREET ADDRESS	1866 Clearbrook ^e Dr.
CITY - ST - ZIP		14 CITY - ST - ZIP	Clearwater, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUSS, KARL	22 NAME	Bruce Donahue
STREET ADDRESS	1817 CLEARBROOKE DRIVE	23 STREET ADDRESS	1872 Clearbrooke Dr.
CITY - ST - ZIP	CLEARWATER FL	24 CITY - ST - ZIP	Clearwater, FL
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERWOLF, ERIC	32 NAME	
STREET ADDRESS	1818 CLEARBROOKE DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	34 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGITT JEAN	42 NAME	
STREET ADDRESS	1864 CLEARBROOKE DR	43 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENING, WILLIAM	52 NAME	
STREET ADDRESS	1819 CLEARBROOKE DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	900001873019
STREET ADDRESS		63 STREET ADDRESS	-06/24/96--01030--035
CITY - ST - ZIP		64 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME PHONE #

5-01-96

CR2E037 (12/95)