

FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729919 (1)

1. Corporation Name
CLEARBROOKE TOWNHOUSE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business % SEABOARD ARBORS MANGEMENT SERVICES INC 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619	Mailing Address % SEABOARD ARBORS MANGEMENT SERVICES INC 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619
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3. Date Incorporated or Qualified
08/12/1974

4. FEI Number
59-1539303

Applied For	Not Applicable
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21. Principal Place of Business Condominium ASSOCIATES	26. Mailing Address Condominium ASSOCIATES
22. Suite, Apt. #, etc. 3001 EXECUTIVE DR #260	27. Suite, Apt. #, etc. 3001 EXECUTIVE DR #260
23. City & State CLEARWATER, FL	28. City & State CLEARWATER, FL
24. Zip 33762	25. Country US
29. Zip 33762	30. Country US

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**LENNARD LEIGHTON/SEABOARD ARBORS MNGMNT.
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name Condominium ASSOCIATES
82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR. #2
83 SUITE 260
84 City CLEARWATER
85 State FL
86 Zip Code 33762

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 Condominium ASSOCIATES By *Ronald W. Hooper* VICE PRES. **2-11-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME HOOPER, WILLIAM	STREET ADDRESS 1851 CLEARBROOKE DRIVE	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE VPD	NAME DONAHUE, BRUCE	STREET ADDRESS 1872 CLEARBROOKE DR.	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE PD	NAME WEINING, RONALD	STREET ADDRESS 1882 CLEARBROOKE DRIVE	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE SD	NAME HULBERT, MARGARET	STREET ADDRESS 1865 CLEARBROOKE DRIVE	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE TD	NAME MORRIS, JANE	STREET ADDRESS 1896 CLEARBROOKE DR.	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald W. Hooper* **2/13/98 813-530-5741**

CR2E037 (10/97)