

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

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**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 039 \*\*\*\*61.25

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # 729919</b>  |   |   |  |                |   |
| 1. Entity Name<br><b>CLEARBROOKE TOWNHOUSE CONDOMINIUMS ASSOCIATION, INC.</b>   |   |   |  |   |   |
| Principal Place of Business<br><b>JIM NOBLES MANAGEMENT<br/>251 WIND WARD PASS SUITE F<br/>CLEARWATER BEACH FL 33767<br/>US</b>   |   |   | Mailing Address<br><b>251 WIND WARD PASS SUITE F<br/>CLEARWATER BEACH FL 33767<br/>US</b>  |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |   |
| City & State  |   | City & State  |  | 4. FEI Number<br><b>59-1539303</b>  |   |
| Zip   |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent<br><br><b>JIM NOBLES MANAGEMENT<br/>251 WINOCUA PASS<br/>SUITE F<br/>CLEARWATER BEACH FL 33767</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |   |
| 8. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |   |  |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>                                    |   |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ZAMPIERI, JIM<br>1842 CLEARBROOKE DR<br>CLEARWATER FL 33760   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TO<br>DAVID TAYLOR<br>1807 CLEARBROOK DR<br>CLEARWATER, FL. 33760                               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>WEINING, RONALD<br>1882 CLEARBROOKE DRIVE<br>CLEARWATER FL    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>ZULUAGA, TULIO<br>1850 CLEARBROOKE DR<br>CLEARWATER FL 33760  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>EDWARDS, PATRICA<br>1809 CLEARBROOK DR.<br>CLEARWATER FL 33760 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Ronald Weining*

2/28/06