

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **750957** (3)
1. Corporation Name

CLOVERFIELD HOMEOWNERS ASSOCIATION, INC.



DOCUMENT # 750957
03/26/95 01044-002
\$61.25

Principal Place of Business: **7860 CLOVERFIELD CIR BOCA RATON FL 33433**
Mailing Address: **7860 CLOVERFIELD CIR BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **02/06/1980**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number	Applied For
59-2221218	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PIERCE, L STAPLES
7883 CLOVERFIELD CIRCLE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81	Name	PIERCE, L STAPLES LARRY NIGHTINGALE
82	Street Address (P.O. Box Number is Not Acceptable)	7879 CLOVERFIELD CIRCLE
83		
84	City	BOCA RATON FL
85	Zip Code	33433

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]* **LARRY NIGHTINGALE** DATE: **4/16/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, L STAPLES	
STREET ADDRESS	7883 CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, MATTHEW	
STREET ADDRESS	7818 CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, PAUL	
STREET ADDRESS	7836 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIGHTINGALE, LARRY	
STREET ADDRESS	7879 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, STEVEN	
STREET ADDRESS	7845 CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STEH, GEROLD	
STREET ADDRESS	7791 CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	NIGHTINGALE LARRY (P)	
13 STREET ADDRESS	7879 CLOVERFIELD CIR	
14 CITY-ST-ZIP	BOCA RATON FL 33433	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CARBONARI AL (VP)	
23 STREET ADDRESS	7812 CLOVERFIELD CIRCLE	
24 CITY-ST-ZIP	BOCA RATON FL 33433	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	STEAR, TACRESA (TD)	
33 STREET ADDRESS	7791 CLOVERFIELD CIRCLE	
34 CITY-ST-ZIP	BOCA RATON FL 33433	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	HODOWITZ, GLENN (S)	
43 STREET ADDRESS	7798 CLOVERFIELD CIRCLE	
44 CITY-ST-ZIP	BOCA RATON FL 33433	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BLYCO, PAUL (Amd)	
53 STREET ADDRESS	7758 CLOVERFIELD CIRCLE	
54 CITY-ST-ZIP	BOCA RATON FL 33433	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	GLENN, BOB (BOB)	
63 STREET ADDRESS	7789 CLOVERFIELD CIRCLE	
64 CITY-ST-ZIP	BOCA RATON FL 33433	

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]* **LARRY NIGHTINGALE** DATE: **2/16/96** DAYTIME PHONE: **392-1788**

CR2E037 (12/95)

4PM 3-25-1996