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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 750957 (3)
1. Corporation Name
CLOVERFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 7860 CLOVERFIELD CIR BOCA RATON FL 33433
Mailing Address: 7860 CLOVERFIELD CIR BOCA RATON FL 33433-3049

3. Date Incorporated or Qualified: 02/06/1980
3a. Date of Last Report: 03/25/1996
4. FEI Number: 59-2221218
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

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

9. Name and Address of Current Registered Agent
NIGHTINGALE, LARRY
7879 CLOVERFIELD CIRCLE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Beatrice Glenn* *Beatrice Glenn, Pres.*
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997
TITLE: P	NAME: NIGHTINGALE, LARRY	1.1 TITLE: Pres.
STREET ADDRESS: 7879 CLOVERFIELD CIRCLE	CITY-ST-ZIP: BOCA RATON FL 33433	1.2 NAME: Bea Glenn
		1.3 STREET ADDRESS: 7787 Cloverfield Cir
		1.4 CITY-ST-ZIP: Boca Raton FL 33433
TITLE: VP	NAME: CARBONARI, AL	2.1 TITLE: V.P.
STREET ADDRESS: 7812 CLOVERFIELD CIRCLE	CITY-ST-ZIP: BOCA RATON FL 33433	2.2 NAME: Lea Vogel
		2.3 STREET ADDRESS: 7818 Cloverfield Cir.
		2.4 CITY-ST-ZIP: Boca Raton FL 33433
TITLE: D	NAME: STEHR, TACRESA	3.1 TITLE: Treas.
STREET ADDRESS: 7788 CLOVERFIELD CIR	CITY-ST-ZIP: BOCA RATON FL 33433	3.2 NAME: Paul Grant
		3.3 STREET ADDRESS: 7836 Cloverfield Circle
		3.4 CITY-ST-ZIP: Boca Raton FL 33433
TITLE: D	NAME: HOROWITZ, CILEEN	4.1 TITLE: Sec.
STREET ADDRESS: 7788 CLOVERFIELD CIR	CITY-ST-ZIP: BOCA RATON FL 33433	4.2 NAME: Carlene Starace
		4.3 STREET ADDRESS: 7764 Cloverfield Circle
		4.4 CITY-ST-ZIP: Boca Raton FL 33433
TITLE: D	NAME: WEISS, STEVEN	5.1 TITLE: Director
STREET ADDRESS: 7845 CLOVERFIELD CIRCLE	CITY-ST-ZIP: BOCA RATON FL	5.2 NAME: Nick Trivisonno
		5.3 STREET ADDRESS: 7931 Cloverfield Circle
		5.4 CITY-ST-ZIP: Boca Raton FL 33433
TITLE: D	NAME: BLYOR, PAUL	6.1 TITLE: Director
STREET ADDRESS: 7758 CLOVERFIELD CIRCLE	CITY-ST-ZIP: BOCA RATON FL 33433	6.2 NAME: Erwin Sadotaky
		6.3 STREET ADDRESS: 7815 Cloverfield Circle
		6.4 CITY-ST-ZIP: Boca Raton FL 33433

14. I do 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: *Beatrice Glenn* *Beatrice Glenn, Pres* 2-25-97 561-750-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042133

CR2E037 (9/96)