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**Mar 05 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 # 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
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3. Date Incorporated or Qualified 02/06/1980	
4. FEI Number 59-2221218	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Sy Cook	
82 Street Address (P.O. Box Number is Not Acceptable) 7908 Cloverfield Circle	
83	
84 City Boca Raton	85 Zip Code FL 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 Alan T. Forbes **ALAN T. Forbes Treasurer** **2/28/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BEA GLENN	
STREET ADDRESS 7787 CLOVERFIELD CIR	
CITY-ST-ZIP BOCA RATON FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME LEA VOGEL	
STREET ADDRESS 7818 CLOVERFIELD CIR	
CITY-ST-ZIP BOCA RATON FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME PAUL GRANT	
STREET ADDRESS 7836 CLOVERFIELD CIR	
CITY-ST-ZIP BOCA RATON FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME CARLENE SLARACE	
STREET ADDRESS 7764 CLOVERFIELD CIR	
CITY-ST-ZIP BOCA RATON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME NICK TREVISONNO	
STREET ADDRESS 7831 CLOVERFIELD CIR	
CITY-ST-ZIP BOCA RATON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME IRWIN SODETOCKY	
STREET ADDRESS 7815 CLOVERFIELD CIR	
CITY-ST-ZIP BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Sy Cook	
1.3 STREET ADDRESS 7908 Cloverfield Circle	
1.4 CITY-ST-ZIP Boca Raton, FL 33433	
2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Anthony Ardolino	
2.3 STREET ADDRESS 7962 Cloverfield Circle	
2.4 CITY-ST-ZIP Boca Raton, FL 33433	
3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Helene Kalkstein	
3.3 STREET ADDRESS 7955 Cloverfield Circle	
3.4 CITY-ST-ZIP Boca Raton, FL 33433	
4.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Alan Forbes	
4.3 STREET ADDRESS 7824 Cloverfield Circle	
4.4 CITY-ST-ZIP Boca Raton, FL 33433	
5.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME John Echelmeyer	
5.3 STREET ADDRESS 7869 Cloverfield Circle	
5.4 CITY-ST-ZIP Boca Raton, FL 33433	
6.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Seymore Gold	
6.3 STREET ADDRESS 7761 Cloverfield Circle	
6.4 CITY-ST-ZIP Boca Raton, FL 33433	

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: Alan T. Forbes **ALAN T. Forbes Treasurer** **2/28/98** (576) 307 3529

CR2E037 (10/97)