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Secretary of State

03-11-1999 90191 030 ****61.25

U4-30309

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 750957 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	



21 Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/06/1980
22 City & State	27 City & State	4. FEI Number 59-2221218
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COOK, SY 708 CLOVERFIELD CIR BOCA RATON FL 33433				81 Name			
CORRECTION →				82 Street Address (P.O. Box Number is Not Acceptable)			
				7908 CLOVERFIELD CIRCLE			
				83			
				84 City			
				FL			
				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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	TRASURER <input checked="" type="checkbox"/> Change Position
NAME	COOK, SY	1.2 NAME	MATTHEW A. VOSEL
STREET ADDRESS	7908 CLOVERFIELD CIR	1.3 STREET ADDRESS	7918 CLOVERFIELD CIR.
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change Position
NAME	ARDOLINO, ANTHONY	2.2 NAME	CARLENE STARAKE
STREET ADDRESS	7962 CLOVERFIELD CIR	2.3 STREET ADDRESS	7764 CLOVERFIELD CIR.
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change Position
NAME	KALKSTEIN, HELENE	3.2 NAME	ROSMARIE MUELLER
STREET ADDRESS	7955 CLOVERFIELD CIR	3.3 STREET ADDRESS	7877 CLOVERFIELD CIR.
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change Position
NAME	FORBES, ALAN	4.2 NAME	PEDER E. LIASSEN
STREET ADDRESS	7824 CLOVERFIELD CIR	4.3 STREET ADDRESS	7747 CLOVERFIELD CIR.
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHELMEYER, JOHN	5.2 NAME	
STREET ADDRESS	7869 CLOVERFIELD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, SEYMORE	6.2 NAME	
STREET ADDRESS	7761 CLOVERFIELD CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	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, with all other like empowered.

SIGNATURE: Matthew A. Voxel DATE: 3-8-99 DAYTIME PHONE #: 516-361-0130

CR2E037 (11/98)