

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

04-05-2000 90111 049 ****61.25

DOCUMENT # 750957

1. Entity Name

CLOVERFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7860 CLOVERFIELD CIR
BOCA RATON FL 33433

7860 CLOVERFIELD CIR
BOCA RATON FL 33433-3049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2221218

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, SY
7908 CLOVERFIELD CIRCLE
BOCA RATON FL 33433

Name
ANTHONY ARDOLINO
Street Address (P.O. Box Number is Not Acceptable)
7962 CLOVERFIELD CIR

City **BOCA RATON** FL Zip Code **33433**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOK, SY	
STREET ADDRESS	7908 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARDOLINO, ANTHONY	
STREET ADDRESS	7962 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, MATTHEW A	
STREET ADDRESS	7818 CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARACE, CARLENE	
STREET ADDRESS	776A CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, ROSEMARIE	
STREET ADDRESS	7877 CLOVERFIELD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLD, SEYMORE	
STREET ADDRESS	7761 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER ELIASSEN	
STREET ADDRESS	7747 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL LIBASSI	
STREET ADDRESS	7911 CLOVERFIELD CIR.	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB WANNER	
STREET ADDRESS	7914 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Anthony Ardolino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 392-386
Date Daytime Phone #

(561) 368-4585