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Feb 10 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 # N06568 (2)
1. Corporation Name
CLEARVIEW RESIDENTS COOPERATIVE ASSOCIATION, INC



Principal Place of Business Mailing Address
1855 CENTER STREET JUPITER FL 33458 1855 CENTER STREET JUPITER FL 33458-7938

3. Date Incorporated or Qualified 12/11/1984 3a. Date of Last Report 02/29/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2513915 Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUZARD, PAUL L.
1855 W CENTER ST LOT 23
JUPITER FL 33458

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 Paul L. BUZARD Paul L. Buzard President 2-1-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD BUZARD, PAUL
NAME
STREET ADDRESS 1855 CENTER ST LOT 23
CITY-ST-ZIP JUPITER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD HIGHT, LINDA
NAME
STREET ADDRESS 1855 CENTER ST LOT #16
CITY-ST-ZIP JUPITER FL

2.1 TITLE TD
2.2 NAME LOHNES, SHERRY LEE
2.3 STREET ADDRESS 1855 CENTER ST, LOT #24
2.4 CITY-ST-ZIP JUPITER FL.

TITLE SD LOHNES, SHERRY LEE
NAME
STREET ADDRESS 1855 CENTER ST LOT#24
CITY-ST-ZIP JUPITER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP POFFENBERGER, KENNETH
NAME
STREET ADDRESS 1855 CENTER ST LOT#32
CITY-ST-ZIP JUPITER FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Paul L. BUZARD Paul L. Buzard President 2-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043448

CR2E037 (9/96)