FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT #
1. Corporation Name

N44269

(1)

CLEARBROOK	VILLAGE	. INC.
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CLEAR	RBROOK VILLAGE, INC.				I IDANIADA BALDAKAN ANDA MIDIO DAKA		ia bib il and il bib il 188;
Principal Place	of Business	Mailing Address					
10780 CEDA	R POINT BLVD. EACH FL 33437	10780 CEDAR POINT BOYNTON BEACH FL					
					3. Date Incorporated or Qualified 07/12/1991	3a. Date of 05/6	Last Report 01/1995
2. Principal Pla	ace of Business	2a. Maiting Address			4. FEI Number		Applied For
21		26			65-0301722	}	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		····	5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country	Zip	Country		8. This corporation has liability for in		ler s. 199.032,
24	9. Name and Address of Currer	29 Agent	[30]		Florida Statutes 10. Name and Address of New Re	Yes No	
	3. Harris and Addition of Carres	it iteliateted Agent	81	Name	TO. THAIRE BITO ACCIOSS OF NEW ME	gistered Agen	
CUSTO	M PROPERTY MANAGEMENT, IN	ıc	82		(D.C. David, salaria National		
2328 SC	OUTH CONGRESS AVENUE,M S			Street Addire	ss (P.O. Box Number is Not Acceptable	' ¹	
WEST P	PALM BEACH FL 33406		83				
			84	City	****	FL 85	Zip Code
or register	to the provisions of Sections 617.050; ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	da. Such change was authori.	zed by the corpo	amed corpora oration's board	tion submits this statement for the purp of directors. I hereby accept the appoin	ose of changing	j its registered office tered agent. I am
SIGNATURE _	in and decope the designations of occ.	tion on the door, notice dialate	3				
	Signature, typed or printed name of registered agen	·	OTE Registered Agen	t signature required c		DATE	
12.		D DIRECTORS	13.	т	ADD/HONS/CHANGES TO OFFIC		
TITLE	PD	□ DELETE	1 1 TITLE			Cha	ange 🔲 Addition
NAME	POŁONSKY, MURRAY		1.2 NAME				
STREET ADDRESS	10031 53RD WAY SO. #210	2	13 STREET				
CITY-ST-ZIP TITLE	DELRAY BCH FL	DELETE	14 CITY - S	- ZIP		<u> </u>	
NAME	VPD	Process	2 1 TITLE			☐ Cha	ange 🔲 Addition
	LAZOFF, MARVIN		2 2 NAME				
STREET ADORESS	10031 53RD WAY SO. #210		2 3 STREET				
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33437 SD	DELETE	2 4 CITY - S 31 TITLE	T - ZIP		\$21.0h/	ange 🔲 Addition
NAME	PARKS, RICHARD	Пресен	3.2 NAME	D		⊠ Cha	inge Addition
STREET ADDRESS	10031 53RD WAY SO. #150	1	3 3 STREET	ADDRESS PAR	KS, RICHARD		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4. CITY-S	100	31 53RD WAY SO. # 15	i01	
TITLE	TD	DELETE	4 1 TITLE		NTON BOH FL 33437	Cha	ange 🔲 Addition
NAME !	CHADWICK, HAROLD		4 2 NAME				ingo
STREET ADDRESS	10031 53RD WAY SO. #180	2	4 3 STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		4.4 CITY-S	- 1			
TITLE	VPD	DELETE	5 1 TITLE	S		[X] Cha	ange Addition
NAME	DIENSTAG, MURRAY		5.2 NAME	_	NSTAG, MURRAY	44	
STREET ADDRESS	10031 53RD WAY SO. #170	2	5 3 STREET		31 53RD WAY SO. #170	12	
CHTY-ST-ZIP	BOYNTON BEACH FL 33437		5.4 CITY-S	1.00	NTON BEACH FL 33437		
TITLE	The state of the s	DELETE	6.1 TITLE		HILA DESCH ED -33437	Cha	inge Addition
NAME			6.2 NAME				
STREET ADDRESS			63STREET	ADDRESS			
CITY-ST-ZIP			6.4 CHTY - ST	-			
14. I do hereb	y certify that the information supplied	with this filing is voluntarily fur			the exemption stated in Section 119.0.	7(3)(k), Florida S	itatutes 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:

STATUTE CHARLOWELL TREASURE STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #