

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90130 005 ****70.00

DOCUMENT # N06568 1. Entity Name CLEARVIEW RESIDENTS COOPERATIVE ASSOCIATION, INC.					
Principal Place of Business 1855 CENTER STREET JUPITER FL 33458 US			Mailing Address 1855 CENTER STREET JUPITER FL 33458 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2513915 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
McFARLAND, PATRICK E 1855 CENTER ST LOT #30 JUPITER FL 33458-7940			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	McFARLAND, PATRICK E		NAME		
STREET ADDRESS	1855 CENTER ST. LOT #30		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458-7940		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POFFENBERGER, KENNETH		NAME		
STREET ADDRESS	1855 CENTER ST. LOT #32		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458-7940		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOHNES, SHERRY LEE		NAME		
STREET ADDRESS	1855 CENTER ST. LOT #24		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458-7940		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, EVERETT		NAME		
STREET ADDRESS	1855 CENTER ST. LOT #25		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458-7940		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, ROBERT B		NAME	D SAKELL, JAMES	
STREET ADDRESS	1855 CENTER ST LOT 3		STREET ADDRESS	1855 CENTER ST. Lot #28	
CITY-ST-ZIP	JUPITER FL 33458-7939		CITY-ST-ZIP	JUPITER, FL 33458-7940	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Patrick E. McFarland</i> PATRICK E. MCFARLAND - PRESIDENT 3-5-05 561-747-9820					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					