

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750957

**FILED**  
**Feb 07, 2018**  
**Secretary of State**  
**CC4998024493**

**Entity Name:** CLOVERFIELD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7860 CLOVERFIELD CIRCLE  
BOCA RATON, FL 33433

**Current Mailing Address:**

7860 CLOVERFIELD CIRCLE  
BOCA RATON, FL 33433

**FEI Number:** 59-2221218

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SLUSHER, MICHAEL  
7890 CLOVERFIELD CIR  
BOCA RATON, FL 33433 US

*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:** MICHAEL SLUSHER

02/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HALPERN-COHEN, CINDY BETH  
Address        7757 CLOVERFIELD CIR.  
City-State-Zip: BOCA RATON FL 33433

Title           PRESIDENT  
Name           SLUSHER, MICHAEL  
Address        7890 CLOVERFIELD CIR  
City-State-Zip: BOCA RATON FL 33433

Title           SECRETARY  
Name           DOBIN, CANDACE  
Address        7931 CLOVERFIELD CIRCLE  
City-State-Zip: BOCA RATON FL 33433

Title           VP  
Name           MUELLER, ROSEMARIE  
Address        7877 CLOVERFIELD CIRCLE  
City-State-Zip: BOCA RATON FL 33433

Title           VP  
Name           WHITNEY, BEVERLY  
Address        7897 CLOVERFIELD CIR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           TIZANNI, FLINO  
Address        7933 CLOVERFIELD CIR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           NELSON, MAYRA  
Address        7767 CLOVERFIELD CIR  
City-State-Zip: BOCA RATON FL 33433

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL SLUSHER

**PRESIDENT**

02/07/2018

Electronic Signature of Signing Officer/Director Detail

Date