

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750957

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

03/03/2019

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 KOPS, ELAINE
Address 7878 CLOVERFIELD CIRCLE
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name WOLFE, MERYL
Address 7920 CLOVERFIELD CIRCLE
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

Title VP
Name DOBIN, CANDICE
Address 7931 CLOVERFIELD CIRCLE
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: CINDY HALPERN-COHEN

TREASURER

03/03/2019

Electronic Signature of Signing Officer/Director Detail

Date