

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715908 (0)
1. Corporation Name
THE CLAIRHOUSE ASSOCIATION, INC.



Principal Place of Business Mailing Address
**315 S. 7TH AVENUE
LAKE WORTH FL 33460** **315 S. 7TH AVENUE
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified 3a. Date of Last Report
01/17/1969 **02/14/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0031000		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
23		28		<input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RADLEIN, EDITH T.
315 SO. 7TH AVENUE,
LAKE WORTH FL 33460**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD RADLEIN, EDITH T 315 S 7TH AVE LAKE WORTH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD KLOCHACK, JAMES C. 315 S 7TH AVE LAKE WORTH FL	2.1 TITLE	PD Kirejczyk, Joseph
NAME		2.2 NAME	315 S. 7th Ave.
STREET ADDRESS		2.3 STREET ADDRESS	Lake Worth, Fl. 33460
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD KUNKEL, VIOLA 315 S 7TH AVE LAKE WORTH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD SMITH, MIELIKKI A 315 S 7TH AVE LAKE WORTH FL	4.1 TITLE	TD Radlein, Edith T.
NAME		4.2 NAME	315 Seventh Ave. So.
STREET ADDRESS		4.3 STREET ADDRESS	Lake Worth, Fl. 33460
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D VERDIRAME, NAOMI 315 S. 7TH AVE. LAKE WORTH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Edith T. Radlein DATE: 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)