

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715908

FILED
Jan 20, 2005
Secretary of State

Entity Name: THE CLAIRHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

315 S. 7TH AVENUE
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

315 S. 7TH AVENUE
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0031000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, JOANNE M
315 SO. 7TH AVENUE,
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COLE, JOANNE M
Address: 315 S 7TH AVE
City-St-Zip: LAKE WORTH, FL 33460

Title: PDC () Delete
Name: KIREJCZYK, JEAN
Address: 315 S 7TH AVE
City-St-Zip: LAKE WORTH, FL

Title: VD () Delete
Name: NIQUETTE, DON
Address: 315 S 7TH AVE
City-St-Zip: LAKE WORTH, FL

Title: TD () Delete
Name: RADLEIN, EDITH T.
Address: 315 S 7TH AVE
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: JOHN POLLANEN,
Address: 315 S. 7TH AVE.
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE COLE

SD

01/20/2005

Electronic Signature of Signing Officer or Director

Date