2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#715908

FILED Feb 01, 2007 Secretary of State

Entity Name: THE CLAIRHOUSE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

315 S. 7TH AVENUE LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

315 S. 7TH AVENUE LAKE WORTH, FL 33460

FEI Number: 65-0031000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

COLE, JOANNE M
315 SO. 7TH AVENUE
LAKE WORTH, FL 33460 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: JOANNE M. COLE 02/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: SD () Delete Title: STD (X) Change () Addition

Name:COLE, JOANNE MName:COLE, JOANNE MAddress:315 S 7TH AVEAddress:315 S 7TH AVE

City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: PDC () Delete Title: PDC (X) Change () Addition Name: KIREJCZYK, JEAN Name: KIREJCZYK, JEAN

 Address:
 315 S 7TH AVE
 Address:
 315 S 7TH AVE

 City-St-Zip:
 LAKE WORTH, FL
 City-St-Zip:
 LAKE WORTH, FL
 33460

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 NIQUETTE, DON
 Name:
 NIQUETTE, DON

 Address:
 315 S 7TH AVE
 Address:
 315 S 7TH AVE

City-St-Zip: LAKE WORTH, FL 33460

Title: TD (X) Delete Title: () Change () Addition

 Name:
 RADLEIN, EDITH T.
 Name:

 Address:
 315 S 7TH AVE
 Address:

 City-St-Zip:
 LAKE WORTH, FL
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: JOHN POLLANEN, Name: JOHANI POILANEN,
Address: 315 S. 7TH AVE.
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 STD 02/01/2007