


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 715908
 1. Entity Name
THE CLAIRHOUSE ASSOCIATION, INC.



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



DO NOT WRITE IN THIS SPACE

03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
65-0031000 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000857879
 04/01/08-80021-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	COLE, JOANNE M
STREET ADDRESS	315 S 7TH AVE
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	PDC
NAME	KIREJCZYK, JEAN
STREET ADDRESS	315 S 7TH AVE
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	VD
NAME	NIQUETTE, DON
STREET ADDRESS	315 S 7TH AVE
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	JOHANI POILANEN
STREET ADDRESS	315 S. 7TH AVE.
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne M. Cole* **JOANNE M. COLE** 3-12-08 561-5886939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #