## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2006 8:00 am **DOCUMENT # 729919 Secretary of State** 1. Entity Name 03-14-2006 90013 039 \*\*\*\*61.25 CLEARBROOKE TOWNHOUSE CONDOMINIUMS ASSOCIATION, INC. Principal Place of Business Mailing Address JIM NOBLES MANAGEMENT 251 WIND WARD PASS SUITE F 251 WIND WARD PASS SUITE F CLEARWATER BEACH FL 33767 **CLEARWATER BEACH FL 33767** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1539303 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JIM NOBLES MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 251 WINOCUA PASS SUITE F CLEARWATER BEACH FL 33767 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Départment of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE 70 Change Addition ZAMPIERI, JIM DAVID TAYLOR 1807 CLEAR BROOK D NAME NAME 1842 CLEARBROOKE DR STREET ADDRESS STREET ADDRESS CLEARWATER FL 33760 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE WEINING, RONALD NAME NAME 1882 CLEARBROOKE DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME ZULUAGA, TULIO NAME 1850 CLEARBROOKE DR STREET ADDRESS STREET ADDRESS CITY-ST-719 CLEARWATER FL 33760 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE EDWARDS, PATRICA NAME NAME STREET ADDRESS 1809 CLEARBROOK DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Vinald Whenning

2/28/06

**FILED** 

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