

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90026 050 ****61.25

DOCUMENT # 750957

1. Entity Name

CLOVERFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

7860 CLOVERFIELD CIR
BOCA RATON FL 33433

Mailing Address

7860 CLOVERFIELD CIRCLE
BOCA RATON FL 33433

2. Principal Place of Business

CLOVERFIELD HOA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2221218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. JOHN CORE, FIORE & LEMME, R.A.
CENTURION TOWER, SUITE 701
1601 FORUM PLACE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Dorothy Bauer DOROTHY BAUER, TREAS.

2-2-05

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOK, SY	
STREET ADDRESS	7908 CLOVERFIELD CIR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRIVISONNO, NICK	
STREET ADDRESS	7931 CLOVERFIELD CIR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STARACE, CARLENE	
STREET ADDRESS	7764 CLOVERFIELD CR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAUER, DOROTHY	
STREET ADDRESS	7794 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIBASSI, PAUL	
STREET ADDRESS	7911 CLOVERFIELD CR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIGHTTINGALE, LARRY	
STREET ADDRESS	7897 CLOVERFIELD CIR.	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW VOGEL	
STREET ADDRESS	7818 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, ROSEMARIE	
STREET ADDRESS	7877 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	GRANT, NANCY, SECY.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7836 CLOVERFIELD CIR	
STREET ADDRESS	BOCA RATON, FL. 33433	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, DOROTHY	
STREET ADDRESS	7794 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	DIRECTOR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNER, ALAN	
STREET ADDRESS	7797 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPAPORT, MEIR	
STREET ADDRESS	7776 CLOVERFIELD CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Dorothy Bauer DOROTHY BAUER TREAS. 2-2-05 561-395-9426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #