

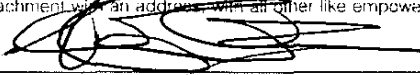
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90013 036 ****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 CLOVERFEILD CIRCLE BOCA RATON FL 33433		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2221218	
Zip		Country		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 _____ 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 _____ (NOTE: Registered Agent Signature required when reconstituting)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGEL, MATTHEW 7818 CLOVERFIELD CIR. BOCA RATON FL 33433 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SY COOK 7908 CLOVERFIELD CIR. BOCA RATON FL 33433 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAPAPORT, MEIR 7776 CLOVERFIELD CIR. BOCA RATON FL 33433 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARRY NIGHTINGALE 7897 CLOVERFIELD CIR BOCA RATON FL 33433 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, CORRINE 7902 CLOVERFIELD CIR. BOCA RATON FL 33433 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSMARIE MUELLER 7877 CLOVERFIELD CIR BOCA RATON FL 33433 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUER, DOROTHY 7794 CLOVERFIELD CIR BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY BAUER 7794 CLOVERFIELD CIR BOCA RATON FL 33433 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANSONE, RALPH 7926 CLOVERFIELD CIR. BOCA RATON FL 33433 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA VANN 7852 CLOVERFIELD CIR BOCA RATON FL 33433 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGANOVSKY, PAULA 7919 CLOVERFIELD CIR. BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULA SAGANOVSKY 7919 CLOVERFIELD CIR BOCA RATON FL 33433 ☐ Change ☒ Addition		

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:  **PRES.** **2-17-08** **561-395-9426**