

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755883 (6)
1. Corporation Name
CLEARY PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6950 CLEARY PINES
C/O DENTRY, DEBORAH
WEST PALM BEACH FL 33413
US**

Mailing Address
**6950 CLEARY PINES
C/O DENTRY, DEBORAH
WEST PALM BEACH FL 33413
US**

3. Date Incorporated or Qualified **01/14/1981** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**DENTRY, DEBORAH
6950 CLEARY PINES
W PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(2016) Registered Agent signature required when re-registering.

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, MEL E.	12 NAME	
STREET ADDRESS	100 POSSUM PASS	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTRY, DEBORAH	22 NAME	
STREET ADDRESS	6950 CLEARY PINES TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, BEVERLY	32 NAME	
STREET ADDRESS	6900 CLEARY PINES TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, ALVIN	42 NAME	
STREET ADDRESS	7065 PIONEER ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, J. PAM	52 NAME	
STREET ADDRESS	100 POSSUM PASS	53 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah A. Dentry 3/22/96 407.697.5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)