

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/14/1981

4. FEI Number
NOT APPLICABLE

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 Robert A. Lee
82 Street Address (P.O. Box Number is Not Acceptable) 2000 N. Florida Mangrove Rd
83 # 206
84 City W.P.B.
85 Zip Code 33409

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	NEWMAN, MEL E.	
STREET ADDRESS	100 POSSUM PASS	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	ST	DELETE
NAME	DENTRY, DEBORAH	
STREET ADDRESS	0950 CLEARY PINES TRAIL	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	V	DELETE
NAME	PURVIS, BEVERLY	
STREET ADDRESS	0900 CLEARY PINES TRAIL	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	DELETE
NAME	COOKE, ALVIN	
STREET ADDRESS	7065 PIONEER ROAD	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	DELETE
NAME	NEWMAN, J. PAM	
STREET ADDRESS	100 POSSUM PASS	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	ST	Change	Addition
2.2 NAME	Lee, Robert A.		
2.3 STREET ADDRESS	2000 N. Florida Mangrove Rd #206		
2.4 CITY-ST-ZIP	W.P.B. FL 33409		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 *[Signature]*

CR2E037 (10/97)