

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90019 003 ****61.25

DOCUMENT # 755883

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ROBERT
2000 N FLORIDA MANGO RD, #206
W PALM BEACH FL 33409

Name

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

3540 Forest Hill Blvd #203

City

W Palm Beach

FL

Zip Code

33406

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/24/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **NEWMAN, MEL E.**
 CITY-ST-ZIP **100 POSSUM PASS**
W PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **LEE ROBERT A**
 CITY-ST-ZIP **2000 N FLORIDA MANGO RD, #206**
W PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3540 Forest Hill Blvd #203**
 CITY-ST-ZIP **W Palm Beach Fl 33406**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **PURVIS, BEVERLY**
 CITY-ST-ZIP **6900 CLEARY PINES TRAIL**
W PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COOKE, ALVIN**
 CITY-ST-ZIP **7065 PIONEER ROAD**
W PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NEWMAN, J. PAM**
 CITY-ST-ZIP **100 POSSUM PASS**
W PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 X *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

561-691-1691

Daytime Phone #

CR2E037 (9/01)