

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90033 013 ****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

54062017



2. Principal Place of Business
6950 Cleary Pines Trail

3. Mailing Address
3540 Forest Hill Blvd

07092004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
W Palm Beach Fl

City & State
W Palm Beach Fl

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

LEE, ROBERT
3540 FOREST HILL BLVD.
SUITE 203
WEST PALM BEACH, FL 33406

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NEWMAN, MEL E.
100 POSSUM PASS
W PALM BCH, FL 00000,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
LEE ROBERT A
3540 FOREST HILL BLVD., #203
WEST PALM BEACH, FL 33406

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
PURVIS, BEVERLY
6900 CLEARY PINES TRAIL
W PALM BCH, FL 00000,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COOKE, ALVIN
7065 PIONEER ROAD
W PALM BCH, FL 00000,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NEWMAN, J. PAM
100 POSSUM PASS
W PALM BCH, FL 00000,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Lee **7/9/04** **5617198539**