

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 755883

1. Entity Name
CLEARY PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6950 CLEARY PINES
WEST PALM BEACH, FL 33413 US**

Mailing Address
**3540 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US**



04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, MEL E. 100 POSSUM PASS W PALM BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEE ROBERT A 3540 FOREST HILL BLVD., #203 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PURVIS, BEVERLY 6900 CLEARY PINES TRAIL W PALM BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, ALVIN 7065 PIONEER ROAD W PALM BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, J. PAM 100 POSSUM PASS W PALM BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000328760
04/25/05-80088-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Robert A. Lee* **Robert A. Lee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 **4/21/05** *561 433 4810*
Date Daytime Phone #