2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 755883

1. Entity Name
CLEARY PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6950 CLEARY PINES WEST PALM BEACH, FL 33413 US	3540 FOREST HILL BLVD WEST PALM BEACH, FL 33406 US

04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

U00000500773
04/25/06-80036-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/5/06 561-719-8539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #