

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # J12363

1. Entity Name
CLERBROOK RESORTS, INC.



Principal Place of Business
43309 US HWY 19 N
TARPON SPGS., FL 34689 US

Mailing Address
P.O. BOX 1608
TARPON SPGS., FL 34688-8608



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2667058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORD, DAVID S.
43309 US HWY 19 J
TARPON SPRINGS, FL 33589

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000598182
01/24/07-80064-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRIEDLAND, LEWIS
STREET ADDRESS	43309 U.S. HWY. 19 N.
CITY-ST-ZIP	TARPON SPGS, FL
TITLE	DST
NAME	FORD, DAVID
STREET ADDRESS	43309 U.S. HWY 19 N.
CITY-ST-ZIP	TARPON SPGS, FL
TITLE	D
NAME	ALDRIDGE, DANIEL
STREET ADDRESS	43309 U.S. HWY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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

LEW FRIEDLAND 1-11-07 727-942-2591

Date

Daytime Phone #