


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moyleham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06568 (2)
 1. Corporation Name
CLEARVIEW RESIDENTS COOPERATIVE ASSOCIATION, INC



Principal Place of Business 1855 CENTER STREET JUPITER FL 33458	Mailing Address 1855 CENTER STREET JUPITER FL 33458
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3. Date Incorporated or Qualified
12/11/1984

4. FEI Number 59-2513915	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**BUZARD, PAUL L.
1855 W CENTER ST LOT 23
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

SAME

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BUZARD, PAUL	1.1 TITLE PD.	NAME PAUL BUZARD
STREET ADDRESS 1855 CENTER ST LOT 23	CITY-ST-ZIP JUPITER FL	1.2 NAME	1.3 STREET ADDRESS 1855 CENTER ST LOT 23
		1.4 CITY-ST-ZIP JUPITER FL 33458	
TITLE TD	NAME LOHNES, SHERRY LEE	2.1 TITLE TD.	NAME SHERRY LEE LOHNES
STREET ADDRESS 1855 CENTER ST LOT#24	CITY-ST-ZIP JUPITER FL	2.2 NAME	2.3 STREET ADDRESS 1855 CENTER ST LOT 24
		2.4 CITY-ST-ZIP JUPITER FL 33458	
TITLE VP. D.	NAME POFFENBERGER, KENNETH	3.1 TITLE VP. D.	NAME KENNETH POFFENBERGER
STREET ADDRESS 1855 CENTER ST LOT#32	CITY-ST-ZIP JUPITER FL	3.2 NAME	3.3 STREET ADDRESS 1855 CENTER ST LOT 32
		3.4 CITY-ST-ZIP JUPITER, FL 33458	
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul L. Buzard 1-5-98 561-575-2039

CR2E037 (10/97)