

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35147 (0)

1. Corporation Name

CLEARBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

135 SE 5TH AVENUE
SUITE 200
DELRAY BEACH FL 33483-5256

135 SE 5TH AVENUE
SUITE 200
DELRAY BEACH FL 33483-5256

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Country

28

Country

24

Country

29

Country

25

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, SHARON
135 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH FL 33483

81

Name

Eisenrod, Mike

82

Street Address (P.O. Box Number is Not Acceptable)

135 S.E. 5th Ave

83

City

Suite 200

84

City

Delray Beach

FL

85

Zip Code

33483

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PREISER, RICHARD C	
STREET ADDRESS	135 SE 5TH AVE #200	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HASNER, LLOYD	
STREET ADDRESS	135 SE 5TH AVE #200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, SHARON	
STREET ADDRESS	135 SE 5TH AVE #200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Eisenrod, Mike	
13 STREET ADDRESS	135 S.E. 5th Ave	
14 CITY - ST - ZIP	Delray Beach, Fl 33483	
21 TITLE	VDP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Eisenrod, Sal	
23 STREET ADDRESS	135 S.E. 5th Ave	
24 CITY - ST - ZIP	Delray Beach, Fl 33483	
31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Briggs, Al	
33 STREET ADDRESS	135 S.E. 5th Ave	
34 CITY - ST - ZIP	Delray Beach, Fl 33483	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	500001230355	
54 CITY - ST - ZIP	-05/21/96-701034--013	
	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

DATE

407-641-8554

DAYTIME PHONE #

CR2E037 (12/95)