

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35147 (0)

1. Corporation Name

CLEARBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O G.R.S. MGMT. ASSOCIATES, INC
3900 WOODLAKE BLVD., STE. 201
LAKE WORTHCH FL 33463

C/O G.R.S. MGMT. ASSOCIATES, INC
3900 WOODLAKE BLVD., STE. 201
LAKE WORTHCH FL 33463-3045

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Residential Mgmt Concepts
Suite, Apt. #, etc.

21a RMC, Inc.
Suite, Apt. #, etc.

22 23123 St, Road 7 #350-A
City & State

22a 23123 St, Road 7 #350-A
City & State

23 Boca Raton FL

23a Boca Raton, FL

24 Zip
33428

25 Country
USA

29 Zip
33428

30 Country
USA

4. FEI Number
65-0174411

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISENROD, MIKE
135 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH FL 33483

81 Name
Gary Palombi c/o RMC, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
23123 State Road 7
83 Suite 350-A
84 City
Boca Raton FL 85 Zip Code
33428

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 Gary Palombi

4/16/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EISENROD, MIKE	
STREET ADDRESS	135 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EISENROD, SAL	
STREET ADDRESS	135 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGINS, AL	
STREET ADDRESS	135 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	MARTINETTI, Philip		
1.3 STREET ADDRESS	2757 S. Clearbrook Cr		
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	FERRIERE, ANTHONY		
2.3 STREET ADDRESS	629 W. Clearbrook Cr		
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	SHADD, RAIPH		
3.3 STREET ADDRESS	630 W. Clearbrook Cr		
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445		
4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Dolan, DONALD		
4.3 STREET ADDRESS	660 W. Clearbrook Circle		
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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:

Ralph E. Shadd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Ferriere
Date

Date

Daytime Phone # 0043824

CR2E037 (9/96)