FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35147

1. Corporation Name

CLEARBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
RESIDENTIAL MGMT CONCEPTS
23123 ST. RD. 7. #350-A
BOCA RATON FL 33428
US

Mailing Address

RMC, INC.

23123 ST. ROAD 7. #350-A **BOCA RATON FL 33428**

FILED Apr 20, 1999 8:00 am Secretary of State

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US	S US					. •		
2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 11/13/1989	<u> </u>		
21		26			4. FEI Number	1 14-	aliad Fav	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0174411	— — ——	plied For	
22	<u></u>	27		·	0070174411	\$8:75%		
City & State	City & State City & State				5. Certifcate of Status Desired	Fee Re		
Zip	·				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered			
	3. Name and Address of Current	registered Agent	81	Name		· · · · · · · · · · · · · · · · · · ·		
PALOMBI, GARY			82	82 Street Address (P.O. Box Number is Not Acceptable)				
C/O RMC, INC. To a specific Cloud a			83					
23123 ST/	ATE RD. 7, STE. 350-A		63	1				
BOCA RA	TON FL 33428		84	City		85 Zip (Code	
	ROOM STATE OF THE	1		·		<u>- </u>		
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 Signature proof or printed name of registered event and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				K digitaldro roq	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PRS IN 12	
TITLE	OTTOCKO MAD DIRECTOR		1.1 TITLE		D	☐ Change	Addition	
	MARCHETTA ANCELO		1.2 NAME	1	NAME AN FRAMES		-	
NAME	MARCHETTA, ANGELO	·			2871 5. CLEARBROOK CIR-			
STREET ADDRESS	DESCRIPTION OF CHICEL				DELRAY BELD, FL 33445		(
CITY-ST-ZIP	DED WY BOTT E GOVE		1.4 CITY-S 2.1 TITLE			Change	Addition	
TITLE	VPD				D. The said	C ourside		
NAME	I CHAICAC, AMINON		2.2 NAME		BORDERS THOMAS 2780 N. CLEARDROOK CIR.			
STREET ADDRESS	SO DES IV. DELIGIDADOR OIL					te no multi-suo		
CITY-ST-ZIP	DEDIKT CONTIL		2.4 CITY-5	T-ZIP	DelRAY Beh, FL 33445		e delition	
ппь	D MDELETE 3.1 TH		3.1 TITLE	1	D,	Change	Addition	
NAME	ALBANESE, DON		3.2 NAME	- 1	CARLSON, TARL		1	
STREET ADDRESS			3.3 STREE	TADDRESS] ,	2015 1) CLEHROROOK CIK.		1	
CITY-ST-ZIP			3.4. CITY- S	it-ziP	Deleay Beh FL 33445			
TITLE			4.1 TITLE			Change	☐ Addition	
NAME	DOLAN, DONALD	ALD 4.2		ţ			ļ.	
STREET ADDRESS	660 W. CLEARBROOK CIR.			TADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-S					
TITLE	T	☐ DELETE	5.1 TITLE	7		Change	☐ Addition	
NAME	BLISS, FLOYD		5.2 NAME				1	
STREET ADDRESS	2800 N. CLEARBROOK CIRCLE		5.3 STREE	TADORESS			-	
CITY-ST-ZIP	DELRAY BEACH FL 33445		5.4 CITY-S	T-ZIP)	
TITLE	S. S	DELETE	6.1 TITLE			Change	Addition	
NAME	[·		6.2 NAME	[. 1	
	FRIEL, JANET	ļ	6.3 STREE	TADDRESS				
STREET ADDRESS	2871 S. CLEABROOK CIRCLE		6.4 CITY-S					
CITY-ST-ZIP	DELRAY BEACH FL 33445	this filing does not qualify for th			in Section 119 07(3)(i) Florida Statutes, I further or	rtify that the	information	

Indicated on this annual report or supplied with this militing 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 suppliemental 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 of this tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: