

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

0051477

04-19-2001 90031 026 ****61.25

DOCUMENT # N35147

1. Entity Name

CLEARBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. F



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

4350 NW 19th Ave Ste C

Suite, Apt. #, etc.

P.O. Box 97-0069

City & State

Pompano Beach FL

City & State

Boca Raton FL

4. FEI Number

65-0174411

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33497-0069

Country

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALOMBI, GARY

4350 NW 19th Ave Ste C
 Pompano Beach FL 33064

Name

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

City

FL

Zip Code

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D Delete
 NAME: DAMIAN, FRANCES
 STREET ADDRESS: 2871 S CLEARBROOK CIR
 CITY-ST-ZIP: DELRAY BCH FL 33445

TITLE: D Change Addition
 NAME: D Peri Bauer
 STREET ADDRESS: 2747 S Clearbrook Cir
 CITY-ST-ZIP: Delray Beach FL 33445

TITLE: VPD Delete
 NAME: FERRIERE, ANTHONY
 STREET ADDRESS: 629 W. CLEARBROOK CIR.
 CITY-ST-ZIP: DELRAY BCH FL

TITLE: PD Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: D Delete
 NAME: BORDERS, THOMAS
 STREET ADDRESS: 2780 N CLEARBROOK CIR
 CITY-ST-ZIP: DELRAY BCH FL 33445

TITLE: D Change Addition
 NAME: D Faye Monroe
 STREET ADDRESS: 2735 N Clearbrook Cir
 CITY-ST-ZIP: Delray Beach FL 33445

TITLE: SD Delete
 NAME: DOLAN, DONALD
 STREET ADDRESS: 660 W. CLEARBROOK CIR.
 CITY-ST-ZIP: DELRAY BEACH FL

TITLE: VD Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: T Delete
 NAME: BLISS, FLOYD
 STREET ADDRESS: 2800 N. CLEARBROOK CIRCLE
 CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: [Blank] Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: S Delete
 NAME: FRIEL, JANET
 STREET ADDRESS: 2871 S. CLEARBROOK CIRCLE
 CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: SD Change Addition
 NAME: SHARON RONCO
 STREET ADDRESS: 2749 N Clearbrook Cir
 CITY-ST-ZIP: Delray Beach FL 33445

12. 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 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 617, 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)