


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90556 035 ****61.25

DOCUMENT # N35147
1. Entity Name
CLEARBROOK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4350 NW 19TH AVE
STE C
POMPANO BEACH FL 33064
US**

Mailing Address
**PO BOX 97-0069
BOCA RATON FL 33497-0069
US**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

94065016



MOORE CR2E037 (11/03)

4. FEI Number **65-0174411** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALOMBI, GARY
4350 NW 19TH AVE
STE C
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUER, GERI	
STREET ADDRESS	2747 S CLEARBROOK CIR.	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERRIERE, ANTHONY	
STREET ADDRESS	629 W. CLEARBROOK CIR.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONROE, FAYE	
STREET ADDRESS	2755 N CLEARBROOK CIR	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOLAN, DONALD	
STREET ADDRESS	660 W. CLEARBROOK CIR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLISS, FLOYD	
STREET ADDRESS	2800 N. CLEARBROOK CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	FD	<input type="checkbox"/> Delete
NAME	FRIEL, JANET	
STREET ADDRESS	2831 S CLEARBROOK CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Lampel	
STREET ADDRESS	2745 CLEARBROOK CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faye Monroe	
STREET ADDRESS	2755 N. Clearbrook Cir.	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Friel	
STREET ADDRESS	2831 S. 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: Faye R. Monroe DATE: 4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR