


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 023 ****61.25

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



Principal Place of Business Mailing Address
4350 NW 19TH AVE **PO BOX 97-0069**
STE C **BOCA RATON FL 33497-0069**
POMPANO BEACH FL 33064 **US**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



1st MOORE CR2E037 (10/04)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	V	<input type="checkbox"/> Delete
NAME	LAMPEL, STEPHEN	
STREET ADDRESS	2745 CLEARBROOK CIR	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D	<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	P	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Floyd B. Bliss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05
 Date

Daytime Phone #