
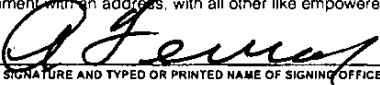


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 012 ****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 - No P.O. Box # 778 South Military Trail Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Deerfield Beach FL		City & State	
Zip 33442	Country	Zip	Country
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) 778 South Military Trail City Deerfield Beach FL Zip Code 33442	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME LAMPEL, STEPHEN STREET ADDRESS 2745 CLEARBROOK CIR CITY-ST-ZIP DELRAY BCH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME FERRIERE, ANTHONY STREET ADDRESS 629 W. CLEARBROOK CIR. CITY-ST-ZIP DELRAY BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MONROE, FAYE STREET ADDRESS 2755 N CLEARBROOK CIR CITY-ST-ZIP DELRAY BCH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DOLAN, DONALD STREET ADDRESS 660 W. CLEARBROOK CIR. CITY-ST-ZIP DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Geri Bauer STREET ADDRESS 2747 So. Clearbrook Circle CITY-ST-ZIP DeLray Beach FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME BLISS, FLOYD STREET ADDRESS 2800 N. CLEARBROOK CIRCLE CITY-ST-ZIP DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE FD NAME FRIEL, JANET STREET ADDRESS 2831 S CLEARBROOK CIR CITY-ST-ZIP DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE D. NAME DIANA FRANCO STREET ADDRESS 2737 So. Clearbrook Circle CITY-ST-ZIP DeLray Beach FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 4-11-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	