

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35147

FILED
Apr 03, 2009
Secretary of State

Entity Name: CLEARBROOK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

778 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 97-0069
BOCA RATON, FL 334970069 US

New Mailing Address:

FEI Number: 65-0174411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOMBI, GARY
778 S MILITARY TR
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMPEL, STEPHEN
Address: 2745 CLEARBROOK CIR
City-St-Zip: DELRAY BCH, FL 33445

Title: P () Delete
Name: FERRIERE, ANTHONY
Address: 629 W. CLEARBROOK CIR.
City-St-Zip: DELRAY BCH, FL

Title: D () Delete
Name: MONROE, FAYE
Address: 2755 N CLEARBROOK CIR
City-St-Zip: DELRAY BCH, FL 33445

Title: S () Delete
Name: BAUER, GERI
Address: 2747 S CLEARBROOK CIR
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: BLISS, FLOYD
Address: 2800 N. CLEARBROOK CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: FRIEL, JANET
Address: 2831 S CLEARBROOK CIR
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY PALOMBI

RA

04/03/2009

Electronic Signature of Signing Officer or Director

Date