

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35147

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** CLEARBROOK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 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  
20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 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: P  
Name: FRANCO, DIANE  
Address: 2737 S CLEARBROOK CIR  
City-St-Zip: DELRAY BCH, FL 33445

Title: D  
Name: DAL POS, ALFRED  
Address: 2767 S CLEARBROOK CIR.  
City-St-Zip: DELRAY BCH, FL 33445

Title: VP  
Name: WOOD, MARIE  
Address: 2780 N CLEARBROOK CIR  
City-St-Zip: DELRAY BCH, FL 33445

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

Title: D  
Name: HASKO, JACQUIE  
Address: 2850 N. CLEARBROOK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: GARY PALOMBI

RA

04/04/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date