


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

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 036 ****61.25

DOCUMENT # N44269			
1. Entity Name CLEARBROOK VILLAGE, INC.			
Principal Place of Business 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437		Mailing Address 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CUSTOM PROPERTY MANAGEMENT, INC. 2328 SOUTH CONGRESS AVENUE, M SUITE 2A WEST PALM BEACH FL 33406		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0301722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ Signature, typed or printed name of registered agent and title if applicable (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SHUBIN, STANLEY STREET ADDRESS 10023 53RD WAY S #1801 CITY-ST-ZIP BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME VINEBERG, ALBERT STREET ADDRESS 10015 53RD WAY S #1601 CITY-ST-ZIP BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME SAFTON, GERALD STREET ADDRESS 10011 53RD WAY SO 1502 CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SYLVETSKY, JOAN STREET ADDRESS 10043 -53RD WAY S #2403 CITY-ST-ZIP BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	TITLE VPD NAME SYLVETSKY, JOAN STREET ADDRESS 10043 53RD WAY SO. #2403 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HIRSCHHAUT, JANET STREET ADDRESS 10047 53RD WAY S. #901 CITY-ST-ZIP BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	TITLE SD NAME HIRSCHHAUT, JANET STREET ADDRESS 10047 53RD WAY SO. #901 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME ZION, IRVING STREET ADDRESS 10019 53RD WAY SO. #1701 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<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 exemption stated in Section 119.07(3)(l), 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:  **4-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #