## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44269

FILED Mar 16, 2009 Secretary of State

Entity Name: CLEARBROOK VILLAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437 **Current Mailing Address: New Mailing Address:** 10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437 FEI Number: 65-0301722 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUSTOM PROPERTY MANAGEMENT, INC 2328 SOUTH CONGRESS AVENUE, M SUITE 2A WEST PALM BEACH, FL 33406 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HIRSCHHAUT, ROBERT Name: Name: 10047 53RD WAY S. #901 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: Title: () Delete () Change () Addition ZION, IRVING Name: Name: Address: 10019 53RD WAY S. #1701 Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: () Delete Title: () Change () Addition HAUSMAN, JEROME Name: Name: 10039 53RD WAY S #2303 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: SD ( ) Delete SYLVETSKY, JOAN Title: Title: SD (X) Change ( ) Addition Name: Name: BEER, ARTHUR 10043 53RD WAY S. #2403 10059 53RD WAY S. #801 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437 Title: () Delete Title: (X) Change ( ) Addition ROSE, RICHARD SCHULLER, ANNETTE Name: Name: 10075 53RD WAY SOUTH #1404 10061 53RD WAY SOUTH #1002 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437

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: ROBERT HIRSCHHAUT PD 03/16/2009