2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000645

1. Entity Name
CLEARBROOK PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1040 CITRUS WAY #201 DELRAY BEACH, FL 33445	745 CLEARBROOK PARK CIRCLE DELRAY BEACH, FL 33445

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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0566826
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMBROSE, JOHN V
750 CLEARBROOK PARK CIRCLE
DELRAY BEACH, FL 33445

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMBROSE, JOHN V
STREET ADDRESS	750 CLEARBROOK PARK CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	TD
NAME	PEARCE, NUALA
STREET ADDRESS	700 CLEARBROOK PARK CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	SD
NAME	BENJAMIN, ROSE
STREET ADDRESS	710 CLEARBROOK PARK CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80043-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-7-05 561 278-8695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #