

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90050 035 ****70.00

DOCUMENT # N94000000645

1. Entity Name
CLEARBROOK PARK ASSOCIATION, INC.



Principal Place of Business
**1040 CITRUS WAY
#201
DELRAY BEACH, FL 33445**

Mailing Address
**745 CLEARBROOK PARK CIRCLE
DELRAY BEACH, FL 33445**



2. Principal Place of Business - No P.O. Box #

745 CLEARBROOK PARK CIR

3. Mailing Address

Suite, Apt. #, etc.

04062007 Chg-NP CR2E037 (12/06)

City & State

DELRAY BEACH, FL

City & State

Zip

33445

Country

PALM BEACH

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PO** ☐ Delete
NAME **AMBROSE, JOHN V**
STREET ADDRESS **750 CLEARBROOK PARK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **TD** ☒ Delete
NAME **DONAHUE, MICHAEL**
STREET ADDRESS **780 CLEARBROOK PARK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **SD** ☐ Delete
NAME **BENJAMIN, ROSE**
STREET ADDRESS **710 CLEARBROOK PARK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST. TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **JENNIFER AMBROSE**
STREET ADDRESS **750 CLEARBROOK PARK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **NANCY WILSON**
STREET ADDRESS **760 CLEARBROOK PARK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **DEBRA SHOCKEY**
STREET ADDRESS **725 CLEARBROOK PARK CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

John V. Ambrose - PCA

4/12/07 561-278-8695