

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|--|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AMBROSE, JOHN V 750 CLEARBROOK PARK CIRCLE DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DONAHUE, MICHAEL 780 CLEARBROOK PARK CIRCLE DELRAY BEACH, FL 33445 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BENJAMIN, ROSE 710 CLEARBROOK PARK CIRCLE DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JENNIFER AMBROSE 750 CLEARBROOK PARK CIRCLE DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY WILSON 760 CLEARBROOK PARK CIRCLE DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEBRA SHOCKEY 725 CLEARBROOK PARK CIRCLE 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 file empowered.

SIGNATURE:

John V. Ambrose - CPA

4/12/07 561-278-8695

John V. Ambrose - CPA

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



04062007 Chg-NP CR2E037 (12/06)

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

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