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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000241

1. Corporation Name
C. L. E. HOMEOWNERS ASSOCIATION, INC.

570201 - 90005 - 5

Principal Place of Business	Mailing Address
123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432	123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 16360 JOG ROAD	26 16360 JOG ROAD	01/17/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0602900 ☐ Applied For ☐ Not Applicable
23 City & State: DELRAY BEACH, FL	28 City & State: DELRAY BEACH, FLORIDA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 33446 25 Country: PALM BEACH	29 Zip: 33446 30 Country: PALM BEACH	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID
123 N.W. 13TH ST
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: SIMON, ERIC
82 Street Address (P.O. Box Number is Not Acceptable): 2925 UNIVERSITY DRIVE
83: SUITE 300
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Eric A Simon — 4/22/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PILLEN, GREGORY A 123 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	O PRESIDENT REBECCA MILLER 16360 JOG ROAD DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ENGELSTEIN, HARRY 123 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	O SECRETARY EILEEN ENGEY 16360 JOG ROAD DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GAUDET, LYNNE 123 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	O TREASURER DENNIS M. NEENAN 16360 JOG ROAD DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. *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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: SIGNATURE REQUIRED — DENNIS M. NEENAN — 4/22/99 — 561-498-2471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #