2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90007 027 ****61.25

DOCUMENT # N95000000241

1. Entity Name

C. L. E. HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16360 JOG RD DELRAY BEACH FL 33446	16360 JOG RD DELRAY BEACH FL 33446-2323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C.L.E H.O.A INC c/o PROPERTY RESOURCES INC.	C.L.E. - H.O.A. INC. c/o PROPERTY MANAGEMENT RESOURCES
Suite, Apt. #, etc. 4000 S.57 AVE SUITE 101	Suite, Apt. #, etc. 4000 S.57 AVE SUITE 101
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA
Zip: 33463 Country: PALM BEACH	Zip: 33463 Country: PALM BEACH

4. FEI Number: 65-0602900 ☐ 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
SIMON, ERIC 2875 UNIVERSITY DR STE 300 CORAL SPRINGS FL 33065	Name: JERRY FLATOW C/O PROPERTY MANAGEMENT RESOURCES Street Address (P.O. Box Number Not Acceptable): 4000 S 57TH AVENUE SUITE 101 City: LAKE WORTH FL Zip Code: 33463

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.

SIGNATURE: _____ JERRY FLATOW 2/21/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, REBECCA 16360 JOG RD DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AL SCHRAGER 4275 DANIELSON DR LAKE WORTH, FL. 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAREY, EILEEN 16360 JOG RD DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANITA CARDULLO 4386 DANIELSON DR LAKE WORTH, FL, 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NAGNAN, DENNIS M 16360 JOG RD DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUANE BURGARD 4290 DANIELSON DR LAKE WORTH, FL, 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD, STUART FOX 9338 OLMSTEAD DR LAKE WORTH, FL, 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP.P. KENNETH MASSIELLO 4419 DANIELSON DR LAKE WORTH, FL, 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED ANITA CARDULLO 02/21/00 SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #