

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90069 045 ****61.25

DOCUMENT # N95000000241

1. Entity Name

C. L. E. HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7100 W CAMINO REAL
 SUITE 117
 BOCA RATON FL 33433**

**7100 W CAMINO REAL
 SUITE 117
 BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**PROPERTY MANAGEMENT RESOURCES
 7100 W CAMINO REAL
 STE 117
 BOCA RATON FL 33433**

Name **Valyo, Paul**

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

7100 W Camino Real

117

City **Boca Raton**

FL

Zip Code **33433**

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

Paul Valyo Agent Paul Valyo

1-16-02

Signature, typed or printed name of registered agent or 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 **VP** ☐ Delete
 NAME **SCHRAGER, AL**
 STREET ADDRESS **4275 DANIELSON DR**
 CITY-ST-ZIP **LAKE WORTH FL 33487**

TITLE **SD** ☐ Delete
 NAME **CARDULLO, ANITA**
 STREET ADDRESS **4386 DANIELSON DR**
 CITY-ST-ZIP **LAKE WORTH FL 33487**

TITLE **TD** ☐ Delete
 NAME **BURGARD, DUANE**
 STREET ADDRESS **4290 DANIELSON DR**
 CITY-ST-ZIP **LAKE WORTH FL 33487**

TITLE **VPD** ☒ Delete
 NAME **FOX, STUART**
 STREET ADDRESS **9338 OLMSTEAD DR**
 CITY-ST-ZIP **LAKE WORTH FL 33487**

TITLE **P** ☐ Delete
 NAME **MASSIELLO, KENNETH**
 STREET ADDRESS **4419 DANIELSON DR**
 CITY-ST-ZIP **LAKE WORTH FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **John Wheeler**
 STREET ADDRESS **4362 Danielson Dr**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 DUANE BURGARD TREASURER 1/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)