

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90005 010 ****61.25

DOCUMENT # N95000000241

1. Entity Name

C. L. E. HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

7100 W CAMINO REAL
SUITE 117
BOCA RATON FL 33433

Mailing Address

7100 W CAMINO REAL
SUITE 117
BOCA RATON FL 33433

40014391



1st MOORE CR2E037 (10/04)

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

VALYO, PAUL
7100 W CAMINO REAL
#117
BOCA RATON FL 33433

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	VP	☐ Delete
NAME	MCGINNIS, JOHN T	
STREET ADDRESS	4490 DANIELSON DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	☐ Delete
NAME	CARDULLO, ANITA	
STREET ADDRESS	4386 DANIELSON DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	☐ Delete
NAME	BURGARD, DUANE	
STREET ADDRESS	4290 DANIELSON DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DV	☐ Delete
NAME	MARTIN, LAURA	
STREET ADDRESS	4512 WOKKER DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	P	☐ Delete
NAME	MASSIELLO, KENNETH	
STREET ADDRESS	4419 DANIELSON DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John T. McGinnis
Duane Burgard

1/31/05

561-362-7444