2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90079 040 ****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

02062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ASSOCIATED PROPERTY MGMT.	ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.: 1928 LAKE WORTH Rd.	Suite, Apt. #, etc.: 1928 LAKE WORTH Rd.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

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: ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 1928 LAKE WORTH Rd. City: LAKE WORTH FL Zip Code: 33461

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: _____ 2/22/07
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	SD CARDULLO, ANITA 4386 DANIELSON DR LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURGARD, DUANE 4290 DANIELSON DR. LAKE WORTH, FL 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURGARD, PUANE 4290 DANIELSON DR LAKE WORTH, FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGINNIS, JOHN 4499 DANIELSON DR. LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MASSIELLO, KENNETH 4419 DANIELSON DR LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIA, ROBERT 9241 OLMSTEAD DR. LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: _____ 2/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #