

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000241

FILED
Apr 17, 2009
Secretary of State

Entity Name: C. L. E. HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0602900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, EDWARD ESQUIRE
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CARDULLO, ANITA
Address: 4386 DANIELSON DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: BURGARD, DUANE
Address: 4290 DANIELSON DR
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: MASSIELLO, KENNETH
Address: 4419 DANIELSON DR
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASSIELLO, KENNETH
Address: 4419 DANIELSON DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: VD (X) Change () Addition
Name: LOMUTO, PETER
Address: 9346 OLMSTEAD DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: VD (X) Change () Addition
Name: BOLLIA, ROBERT
Address: 9241 OLMSTEAD DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Change (X) Addition
Name: CARDULLO, ANITA
Address: 4386 DANIELSON DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Change (X) Addition
Name: BURGARD, DUANE
Address: 4290 DANIELSON DR.
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

04/17/2009

Electronic Signature of Signing Officer or Director

Date