

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90019 009 \*\*\*\*61.25

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03172008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N98000000165</b> 1. Entity Name <b>CLUB ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5446 CLUB CIRCLE HAVERHILL, FL 33415</b>			Mailing Address <b>C/O CMC MANAGEMENT 2950 JOG ROAD GREENACRES, FL 33467</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o CMC Management</b>			3. Mailing Address <b>2950 Jog Road</b>		
Suite, Apt. #, etc. <b>2950 Jog Road</b>			Suite, Apt. #, etc. <b>Greenacres, FL</b>		
City & State <b>Greenacres, FL</b>			City & State <b>Greenacres, FL</b>		
Zip <b>33467</b>		Country <b>USA</b>		4. FEI Number <b>65-0876575</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GERRISH, SCOT A CMC MANAGEMENT, INC. 2950 JOG ROAD GREENACRES, FL 33467</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUMA, MICHELE		NAME	Tumas, michele	
STREET ADDRESS	5456 CLUB CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HAVERHILL, FL 33415		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, FLOYD		NAME	5475 Club Circle	
STREET ADDRESS	5415 CLUB CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HAVERHILL, FL 33415		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIGHAM, BRANDI		NAME	D Oporta	
STREET ADDRESS	5412 CLUB CIRCLE		STREET ADDRESS	5408 Club Circle	
CITY-ST-ZIP	HAVERHILL, FL 33415		CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARVIN, REMAR		NAME	D Burford, Stacey A.	
STREET ADDRESS	5446 CLUB CIRCLE		STREET ADDRESS	5410 Club Circle	
CITY-ST-ZIP	HAVERHILL, FL 33415		CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPH, BETTY		NAME		
STREET ADDRESS	5446 CLUB CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HAVERHILL, FL 33415		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <b>Remar Harvin</b> <b>4/15/08</b> <b>641-1016</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					