

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000165

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** CLUB ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
LAKE WORTH, FL 33467

**New Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467

**FEI Number:** 65-0876575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE 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: PD  
Name: HARVIN, REMAR  
Address: 5446 CLUB CIRCLE  
City-St-Zip: HAVERHILL, FL 33415

Title: VD  
Name: OPORTO, FRANCISCO  
Address: 5408 CLUB CIRCLE  
City-St-Zip: HAVERHILL, FL 33415

Title: TD  
Name: TUMAS, MICHELLE  
Address: 5456 CLUB CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD  
Name: BIGHAMS, AARON  
Address: 5472 CLUB CIRCLE  
City-St-Zip: HAVERHILL, FL 33415

Title: D  
Name: GORDON, ALICIA  
Address: 5469 CLUB CIRCLE  
City-St-Zip: HAVERHILL, FL 33415

Title: D  
Name: BURFORD, STACY  
Address: 5410 CLUB CIRCLE  
City-St-Zip: HAVERHILL, FL 33415

I hereby 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 all other like empowered.

SIGNATURE: REMAR HARVIN

PD

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date