

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N99000007304

1. Entity Name  
ST. CLARE HOUSING, INC.



Principal Place of Business  
821 PROSPERITY FARMS RD.  
N. PALM BCH, FL 33408

Mailing Address  
821 PROSPERITY FARMS RD.  
N. PALM BCH, FL 33408

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**



04192004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0973541

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75

## 6. Name and Address of Current Registered Agent

ARSENAULT, GERARD A  
800 N. FLAGLER DR.  
W. PALM BCH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00

U00000132478  
04/27/04-80049-001 61.25

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUVOURAS, ANDREW 14390 64TH DR. NORTH PALM BCH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, MICHAEL 821 PROSPERITY FARMS RD. N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENAULT, GERARD 109 S. ANCHORAGE DR. N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

*Gerard Arsenault* 4/22/04 (561) 840-1585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #