

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 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



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0973541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOUVOURAS, ANDREW
STREET ADDRESS 14390 64TH DR. NORTH
CITY-ST-ZIP PALM BCH GARDENS, FL 33418

TITLE D
NAME BERRY, MICHAEL
STREET ADDRESS 821 PROSPERITY FARMS RD.
CITY-ST-ZIP N. PALM BCH, FL 33408

TITLE D
NAME ARSENAULT, GERARD
STREET ADDRESS 109 S. ANCHORAGE DR.
CITY-ST-ZIP N. PALM BCH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000810850
02/11/08-80003-006 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/08 (561) 655-3113