

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35147

**Entity Name:** CLEARBROOK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC8496272035**

**Current Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434

**Current Mailing Address:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 US

**FEI Number: 65-0174411**

**Certificate of Status Desired: No**

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

RESIDENTIAL MANAGEMENT CONCEPTS INC  
C/O GARY PALOMBI  
20540 COUNTRY CLUB BLVD 101  
BOCA RATON, FL 33434 US

*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: GARY PALOMBI**

**04/11/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, SECRETARY  
Name           BAUER, GERRI  
Address        2747 S CLEARBROOK CIR  
City-State-Zip: DELRAY BCH FL 33445

Title           PRESIDENT  
Name           SANTANIELLO, NEIL  
Address        2905 N CLEARBROOK CIR  
City-State-Zip: DELRAY BCH FL 33445

Title           SECRETARY  
Name           ZANZUCCHI, YVONNE  
Address        2785 N CLEARBROOK CIR  
City-State-Zip: DELRAY BEACH FL 33445

Title           VP  
Name           FRIEL, JANET  
Address        2831 S CLEARBROOK CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           HURLBUT, RICHARD  
Address        2715 N CLEARBROOK CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           CLOVER, DAVID  
Address        635 E CLEARBROOK CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           WOLFORTH, FRANK  
Address        2815 N CLEARBROOK CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

*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: GERRI BAUER**

**T**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date