

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35147

**FILED**  
**Mar 24, 2020**  
**Secretary of State**  
**7898020857CC**

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

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number:** 65-0174411

**Certificate of Status Desired:** No

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

GERSTIN & ASSOCIATES  
40 SE 5TH ST  
SUITE 610  
BOCA RATON, FL 33432 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:** JOSHUA GERSTIN

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MATTS, THOMAS  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            ZANZUCCHI, YVONNE  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            BRUHN, BENJAMIN  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            VP  
Name            WOLFORTH, FRANK  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            SANTANIELLO, NEIL  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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:** THOMAS MATTS

**PRESIDENT**

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date