FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708891 (7)

1. Corporation Name
CLOISTER BEACH TOWERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1200 S. OCEAN BLVD. BOCA RATON FL 33432	1200 S. OCEAN BLVD. BOCA RATON FL 33432

3. Date Incorporated or Qualified: 05/04/1965
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1154572 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEUER, NATHAN 1200 SOUTH OCEAN BLVD BOCA RATON FL 33432	81 Name: Salvatore Scognamillo 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Ocean Blvd. 83 84 City: Boca Raton **FL** 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Salvatore Scognamillo — Salvatore Scognamillo — April 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KRAUSS, WALTER C	1.2 NAME		
STREET ADDRESS	1200 S. OCEAN BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KATOWITZ, LEONARD M	2.2 NAME		
STREET ADDRESS	1200 S. OCEAN BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BAKER, DANIEL J---~~	3.2 NAME	Waller, Walter J.	
STREET ADDRESS	1200 S. OCEAN BLVD.	3.3 STREET ADDRESS	1200 S. Ocean Blvd.	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	~~Boca Raton, FL~~	
TITLE	D	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	SELBACH, FRANK	4.2 NAME		
STREET ADDRESS	1200 S. OCEAN BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~NEUER, NAT---~~	5.2 NAME	Safier, Stanley	
STREET ADDRESS	1200 S. OCEAN BLVD.	5.3 STREET ADDRESS	1200 S. Ocean Blvd.	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	SD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~SALVATORE, SCOGNAMILLO~~	6.2 NAME	Christie, Roy	
STREET ADDRESS	1200 S. OCEAN BLVD.	6.3 STREET ADDRESS	1200 S. Ocean Blvd.	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Boca Raton, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank C. Selbach — Frank C. Selbach — 4/17/95 — 407-391-0286
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #