## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

# #800114 | 18 814 # 8018 | 10 184 # 1810 | 10 18 14 | 14 18 | 16 18 | 16 18 | 16 18 | 16 18 | 16 18 | 16 18 |

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

708891

(7)

## CLOISTER BEACH TOWERS ASSOCIATION, INC.

Deinnig at Disas	od Eluginoog	Mailing Address				
Principal Place of Business Mailing Address						
1200 S. OCEAN BLVD. BOCA RATON FL 33432		1200 S. OCEAN BLVD. BOCA RATON FL 33432-7748				
						3. Date Incorporated or Qualified
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1154572 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	1	City & State			<del></del>	Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zıp			Cou	ıntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	[29]	30			Florida Statutes Yes 🔀 No
	9. Name and Address of Curren	Registered Agent		94!	None	10. Name and Address of New Registered Agent
0000	MANUELO CAMPATORE			81	Name	
	AMILLO, SALVATORE		82 Street A			Address (P.O. Box Number is Not Acceptable)
1200 S OCEAN BLVD BOCA RATON FL 33432						
DOUK N	ATOH I E 00704	/			<u> </u>	
	$\mathcal{L}$			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	d 617.1508, Florida Stat	utes, the a	DOVE	-named (	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, in the State m lamiliar with, and accept the obliga	oyr iorida. Such change wa: Dons of, Section 617,0503, I	s authorize Florida Sta	ia by tutes	the corp	oration's board or directors. I nereby acceptine appointment as registered
SIGNATURE	Xelluaxxx	cogullun	~	A521	LOINE A	SCOOMMITTING, PRES.
	Monature, typed or printed name of registered agei			d Age	nt signature i	required when reinstating) DATE
12.	OFFICERS AND	D DIGIZOTORS  DELETE	13. 1.1 ĭ	ITI E	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PD
TITLE	SCOGNAMILLO, SALVATORE	☐ DETGIE		IAME		SCOGNAMILLO, SALVATORE
NAME STREET ADDRESS	1200 SOUTH OCEAN BLVD				ADORESS	1200 SOUTH OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL			ITY-S		BOCA RATON, FL 33432
TITLE	D	☐ DELETE	2.1 7		- E#	
NAME	KATOWITZ, LEONARD M		2.2 N	IAME		POCCIO, JEROME
STREET ADDRESS	1200 S. OCEAN BLVD.		2.3 S	TREET	ADDRESS	1200 SOUTH OCEAN BLVD.
CITY-ST-7IP	BOCA RATON FL			CITY-S	ST-ZIP	BOCA RATON, FL 33432
TITLE	PD	DELETE	3.1 T	ITLE		SD Change X Addition
NAMÉ	WALLER, WALTER J		3.2 h			KRAUSS, CATHERINE J.
STREET ADDRESS	1200 S. OCEAN BLVD.				ADDRESS	1200 SOUTH OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL	<b>★</b> DELETE			ST-ZIP	BOCA RATON, FL 33432
THILE	D D	KT DETEIF	4.1 T			D Li Change (X) Addition MARTIN, SEAN M.P.
NAME Oxocer Apoptos	SELBACH, FRANK 1200 S. OCEAN BLVD.			NAME STOCET	ADORESS	1200 SOUTH OCEAN BLVD.
STREET ADDRESS	BOCA RATON FL			OTY-S		BOCA RATON, FL 33432
CITY-ST-ZIP TITLE	TD TD	DELETE	4.4 C		II · ZIF	D Change X Addition
NAME	KOZAK, KENNETH	host		AME		SAFIER, STANLEY
STREET ADDRESS	1200 SOUTH OCEAN BLVD				ADDRESS	1200 SOUTH OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL				ST-ZIP	BOCA RATON, FL 33432
TITLE	D	K DELETE		IITLE	-	D Change X Addition
NAME	CHRISTIE, ROY		6.2 1	IAME		MAURO, FRANK
STREET ADDRESS	1200 S. OCEAN BLVD.		6.3 9	STAEET	ADDRESS	1200 SOUTH OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL /				ST-ZIP	BOCA RATON, FL. 33432
14. I do herel	by certify that the information surplied in indicated on this annual report or s	d with this filing does not que	alify for the	BOCU	emption st urate and	tated in Section 119.07(3)(1), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that
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 it am an officer or director of the corporation or the receiver or further employees to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if abdraged, of on an attachment with an address.						
appears in Block 12 or Block 73 if charryed, or on an authoritien with an auditiess.						

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone # 0038852