

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 008 ****61.25

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DOCUMENT # 708891 1. Entity Name CLOISTER BEACH TOWERS ASSOCIATION, INC.					
Principal Place of Business 1200 S. OCEAN BLVD. BOCA RATON, FL 33432			Mailing Address 1200 S. OCEAN BLVD. BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1154572				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPLAN, LOUIS P.A. 301 YAMATO RD., TE. 4150 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANTINO, JOSEPH 1200 S. OCEAN BLVD BOCA RATON, FL 33432 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J JUDITH MONTESI 1200 S. OCEAN BLVD BOCA RATON, FL 33432 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, DEBORAH 1200 S OCEAN BLVD. BOCA RATON, FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINKELSTEIN, HALBERT 1200 S OCEAN BLVD. BOCA RATON, FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEFROCK, RUTH 1200 S. OCEAN BLVD BOCA RATON, FL 33432 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SUSAN COZZI 1200 S. OCEAN BLVD BOCA RATON, FL 33432 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMAS, GUILLERMO 1200 S OCEAN BLVD. BOCA RATON, FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, PATRICK 1200 S OCEAN BLVD. BOCA RATON, FL 33432 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J HENNING, PATRICK 1200 S. OCEAN BLVD BOCA RATON, FL 33432 ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Deborah A. Roth, President</u> 1/20/05 561 391 0286 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					