2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90038 010 ****70.00

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1. Entity Name
CLOISTER BEACH TOWERS ASSOCIATION, INC.

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

04032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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, 2007

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 MONTESI, JUDITH 1200 S. OCEAN BLVD BOCA RATON, FL 33432	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD SILVERHOFF UNIT 10G	☑ 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	VP SAL SCOGNAMILLO UNIT 7F	☑ 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	T MARJORIE DOUGLAS UNIT 10D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S/D COZZI, SUSAN 1200 S. OCEAN BLVD BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DR. HAROLD ROSS UNIT 14A	☑ 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	D DONALD FREEDMAN UNIT 9H	☑ 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	D JONI MARIN UNIT 7E	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ VP 4/9/07 561 391 0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #