

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721373** (9)
1. Corporation Name
CLOISTERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 100 S. INTERLACHEN AVENUE WINTER PARK FL 32789	Mailing Address 100 S. INTERLACHEN AVENUE WINTER PARK FL 32789-4450
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3. Date Incorporated or Qualified 07/19/1971	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1355579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BURTON, MARYDEL
106 S INTERLACHEN AVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BURTON, MARYDELL	
STREET ADDRESS	106 S. INTERLACHEN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WADE, BOB	
STREET ADDRESS	100 S. INTERLACHEN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BROTHERS, ELIZABETH	
STREET ADDRESS	100 S. INTERLACHEN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEESNER, JOHN	
STREET ADDRESS	106 S. INTERLACHEN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	OAS	
NAME	SCHOETTELKOTTEE, HARRY	
STREET ADDRESS	104 S. INTERLACHEN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAIRE, ELIZABETH	
STREET ADDRESS	104 S. INTERLACHEN AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charlotte Wright	
1.3 STREET ADDRESS	100 S Interlachen # 302	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Swift	
2.3 STREET ADDRESS	104 S Interlachen Ave # 515	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Harry Schoettel Kotte	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 _____ DATE **3/13/97**

CR2E037 (9/96)