

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721373

FILED

02 NOV -4 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

977633

1. Entity Name

CLOISTERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 S. INTERLACHEN AVENUE  
WINTER PARK FL 32789

100 S. INTERLACHEN AVENUE  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1355579

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PRESIDENT~~  
~~BURTON, MARYDEL~~ **ROBERT SWIFT**  
~~106 S. INTERLACHEN AVE. UNIT 618~~ **104 S. INTERLACHEN AVE UNIT # 515**  
~~WINTER PARK FL 32789~~ **WINTER PARK FLA. 32789**

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

*Robert Swift*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/27/02  
DATE

After September 13, 2002, min. will be \$236.25. *61.25*

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, CHARLES 106 S. INTERLACHEN AVE. WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAPLE, RON 100 S. INTERLACHEN AVE. WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO SWIFT, ROBERT 104 S. INTERLACHEN AVE., UNIT 515 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SOPHIE 100 S INTERLACHEN APT 204 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSEE, HOWARD 104 S. INTERLACHEN AVE. WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILSON, ELIZABETH 100 S INTERLACHEN #302 WINTER PARK FL 32789	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARYDEL BURTON 106 S. INTERLACHEN AVE # 618 WINTER PARK, FLA. 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALICE M CHAHON 100 S INTERLACHEN AVE # 401 WINTER PARK, FLA 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *ANN MARIE BARKER*  
ANN MARIE BARKER  
8/27/02  
407-645-3525  
407-645-2912

CR2E037 (4/02)

*The Cloisters Condominium Association, Inc.*  
100 S. INTERLACHEN AVE  
WINTER PARK, FLORIDA 32789

Office 407-645-3525

Fax : 407-645-4241

Email [thecloisters@earthlink.net](mailto:thecloisters@earthlink.net)

2002  
Board of Directors

President	Robert Swift	407-644-6531
Vice President	Marydel Burton	407-644-3518
Secretary	Sophie Jones	407-645-3852
Asst. Secretary	Charles Hall	407-644-0567
Treasurer	Alice McMahon	407-645-2912
Member	Betty Wilson	407-599-9794
Member	John Sherry	407-645-1538

October 29, 2002

Art/Appraiser/Consultant, Inc.  
818 Elwood Avenue  
Orlando FL 32804

TO: Florida Department of State  
Annual Reports Section  
Division of Corporations

From: Art/Appraisers/Consultants, Inc.

Subj: Annual License

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We paid our fee and that fee was accepted back in mid-July of this year (See attached letter).

We sent a copy of the form with the request for signature on the second line to the person required to sign. She did not understand, saw her signature at the base of the page, and sent it back to you. Yesterday, I received a notice of cancellation.

I have brought the original document back to the person and she has signed it. In view of the fact that you have our money and this is a one-block error, we ask that you accept our document and put us back on your books at no extra charge.

Best regards,



Robert M. Buck, VP  
PO Box 540537  
Orlando, FL 32854