

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730115 (3)

1. Corporation Name
CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
FOUR SEASONS MANAGEMENT 10036 SAWGRASS DR. #3 PONTE VEDRA BEACH FL 32082 US	FOUR SEASONS MANAGEMENT P.O. BOX 1159 PONTE VEDRA BEACH FL 32004 US

3. Date Incorporated or Qualified 07/01/1974	3a. Date of Last Report 05/01/1995
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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

4. FEI Number 59-1655955	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	

9. Name and Address of Current Registered Agent

**MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR., SUITE 3
PONTE VEDRA BEACH FL 32082**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	-PD- <input type="checkbox"/> DELETE
NAME	-AULT, RICHARD-
STREET ADDRESS	-10-10TH ST-#118-
CITY-ST-ZIP	-ATLANTIC BCH FL-
TITLE	-DT- <input type="checkbox"/> DELETE
NAME	-LIPPMANN, WILLIAM-
STREET ADDRESS	-10-10TH ST-#64K-
CITY-ST-ZIP	-ATLANTIC BEACH FL--
TITLE	-D- <input type="checkbox"/> DELETE
NAME	-KLAUSNER, KENNETH-
STREET ADDRESS	-10-10TH ST-#5-
CITY-ST-ZIP	-ATLANTIC BCH FL---
TITLE	-VP- <input type="checkbox"/> DELETE
NAME	-GEARLEY, JIM-
STREET ADDRESS	-10-10TH ST-#53-
CITY-ST-ZIP	-ATLANTIC BCH FL-
TITLE	S <input type="checkbox"/> DELETE
NAME	STEVENS, MARGIE
STREET ADDRESS	6190 MERCER CIR E
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	P- <input type="checkbox"/> DELETE
NAME	MACKOUL, JERRY
STREET ADDRESS	10-10TH ST., UNIT 42
CITY-ST-ZIP	ATLANTIC BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cox, Richard
1.3 STREET ADDRESS	10 Tenth St. #118
1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gleit, Alan
2.3 STREET ADDRESS	10 Tenth St. #32F
2.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scarborough, Art
3.3 STREET ADDRESS	10 Tenth St. #B
3.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lanigan, Jim
4.3 STREET ADDRESS	10 Tenth St. #39G
4.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Director <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE _____ DAYTIME PHONE # _____

CR2E037 (12/95)