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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: FOUR SEASONS MANAGEMENT, 10036 SAWGRASS DR. #3, PONTE VEDRA BEACH FL 32082 US

Mailing Address: FOUR SEASONS MANAGEMENT, P.O. BOX 1159, PONTE VEDRA BEACH FL 32004-1159 US

3. Date Incorporated or Qualified: 07/01/1974  
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

4. FEI Number: 59-1655955  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 (81-85)

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	P	COX, RICHARD	<input type="checkbox"/> DELETE
NAME		10 TENTH ST #118	
STREET ADDRESS		ATLANTIC BEACH FL	
CITY-ST-ZIP			
TITLE	T	GLEIT, ALAN	<input type="checkbox"/> DELETE
NAME		10 TENTH ST #32F	
STREET ADDRESS		ATLANTIC BEACH FL	
CITY-ST-ZIP			
TITLE	D	SCARBOROUGH, ART	<input type="checkbox"/> DELETE
NAME		10 TENTH ST #B	
STREET ADDRESS		ATLANTIC BEACH FL	
CITY-ST-ZIP			
TITLE	V	LANGAN, JIM	<input checked="" type="checkbox"/> DELETE
NAME		10 TENTH ST #39G	
STREET ADDRESS		ATLANTIC BEACH FL	
CITY-ST-ZIP			
TITLE	S	STEVENS, MARGIE	<input type="checkbox"/> DELETE
NAME		6190 MERCER CIR E	
STREET ADDRESS		JACKSONVILLE FL	
CITY-ST-ZIP			
TITLE	D	MACKOUL, JERRY	<input checked="" type="checkbox"/> DELETE
NAME		10-10TH ST, UNIT 42	
STREET ADDRESS		ATLANTIC BCH. FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marshall Howell	
1.3 STREET ADDRESS	10 Tenth Street	
1.4 CITY-ST-ZIP	Atlantic Bch, FL 32233	
2.1 TITLE	Ruth Bamberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ruth Bamberg	
2.3 STREET ADDRESS	10 Tenth Street # 49	
2.4 CITY-ST-ZIP	Atlantic Bch, FL 32233	
3.1 TITLE	Adele Gross	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Adele Gross	
3.3 STREET ADDRESS	10 Tenth Street	
3.4 CITY-ST-ZIP	Atlantic Bch, FL 32233	
4.1 TITLE	WALKER, COLINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALKER, COLINE	
4.3 STREET ADDRESS	10 TENTH ST. #7B	
4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
5.1 TITLE	Judy Pike	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Judy Pike	
5.3 STREET ADDRESS	10 Tenth Street	
5.4 CITY-ST-ZIP	Atlantic Bch, FL 32233	
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: Coline Walker 4/9/97 246-1751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000040

CR2E037 (9/96)