

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90130 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730115

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
07/01/1974

4. FEI Number  
59-1655955

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE P  
1.2 NAME COX, RICHARD  
1.3 STREET ADDRESS 10 TENTH ST #118  
1.4 CITY-ST-ZIP ATLANTIC BEACH FL  
2.1 TITLE T  
2.2 NAME GLEIT, ALAN  
2.3 STREET ADDRESS 10 TENTH ST #32F  
2.4 CITY-ST-ZIP ATLANTIC BEACH FL  
3.1 TITLE D  
3.2 NAME ANGEL, LINDA  
3.3 STREET ADDRESS 10 TENTH STREET UNIT 51  
3.4 CITY-ST-ZIP ATLANTIC BEACH FL  
4.1 TITLE VP  
4.2 NAME HOWELL, MARSHALL  
4.3 STREET ADDRESS 10 TENTH ST  
4.4 CITY-ST-ZIP ATLANTIC BCH FL  
5.1 TITLE S  
5.2 NAME STEVENS, MARGIE  
5.3 STREET ADDRESS 6190 MERCER CIR E  
5.4 CITY-ST-ZIP JACKSONVILLE FL  
6.1 TITLE D  
6.2 NAME FIKE, WALTER  
6.3 STREET ADDRESS 10 TENTH STREET #38G  
6.4 CITY-ST-ZIP ATLANTIC BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME onn tra t  
1.3 STREET ADDRESS 10 tenth street  
1.4 CITY-ST-ZIP atlantic Bch FL  
2.1 TITLE  Change  Addition  
2.2 NAME Bob Hawkins  
2.3 STREET ADDRESS 10 tenth street  
2.4 CITY-ST-ZIP atlantic Bch FL  
3.1 TITLE  Change  Addition  
3.2 NAME Edward Gebert  
3.3 STREET ADDRESS 10 tenth street  
3.4 CITY-ST-ZIP atlantic Bch FL  
4.1 TITLE  Change  Addition  
4.2 NAME Arlene Cox  
4.3 STREET ADDRESS 10 tenth street  
4.4 CITY-ST-ZIP atlantic Bch FL  
5.1 TITLE  Change  Addition  
5.2 NAME Patricia Louise McCall  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP atlantic Bch, FL  
6.1 TITLE  Change  Addition  
6.2 NAME Robert Berry  
6.3 STREET ADDRESS 10 tenth street  
6.4 CITY-ST-ZIP atlantic Bch, FL 32233

14. 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 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, with all other like empowered.

SIGNATURE:

*Ann W. Seal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 241-6448  
Date Daytime Phone #

CR2E037 (1/1/98)