

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90116 031 \*\*\*\*61.25

0090650

**DOCUMENT # 730115**

1. Entity Name

**CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779  
 US

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1655955**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR**  
**SENTRY MANAGEMENT, INC.**  
**2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779-5044**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$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	<b>P</b> <b>TVAIT, ONN</b> <b>10 TENTH STREET</b> <b>ATLANTIC BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAAKINS, BOB</b> <b>10 TENTH STREET</b> <b>ATLANTIC BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEBERT, EDWARD</b> <b>10 TENTH STREET</b> <b>ATLANTIC BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COX, ARLENE</b> <b>10 TENTH ST</b> <b>ATLANTIC BCH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCCART, PATRICIA L</b> <b>10 TENTH STREET</b> <b>ATLANTIC BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERRY, ROBERT</b> <b>10 TENTH STREET</b> <b>ATLANTIC BCH FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FIKE, WALTER</b> <b>10 TENTH ST #38G</b> <b>ATLANTIC BCH, FL 32233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HAWKINS, BOB</b> <b>10 TENTH ST #25E</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOWELL, MARIE</b> <b>10 TENTH ST #66-K</b> <b>ATLANTIC BCH, FL 32233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VEAL, CAROL</b> <b>10 TENTH ST #26-E</b> <b>ATLANTIC BCH, FL 32233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>3102 ST JOHNS AVE</b> <b>JACKSONVILLE, FL 32205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, CARL</b> <b>3747 RUSTIC LN</b> <b>JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Change <input checked="" 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

904  
724-1080

Daytime Phone #

CR2E037 (10/00)

Attachment  
D# 730115  
A440329

CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.

ADDITIONS:

SD  
STEVENS, MARGIE  
6190 MERCER CIR #E  
JACKSONVILLE, FL 32217

D  
GROSS, DR. ALAN  
10 TENTH ST #63K  
ATLANTIC BCH, FL 32233