2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 730115 May 15, 2002 8:00 am Secretary of State 1. Entity Name CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATI 05-15-2002 90005 039 ****61.25 ON, INC. Principal Place of Business Mailing Address 2180 W SR 434 2180 W SR 434 STE 5000 STE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1655955 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MANAGEMENT FINC. 2180 W SR 434 STE 5000 City Zip Code LONGWOOD FL 32779-5044 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete (9/01) TITLE PD ☐ Addition NAME · ' FIKE. WALTER NAME Howell, Marie STREET ADDRESS 10 TENTH ST #38G STREET ADDRESS 10 tenth St #66-K CITY-ST-ZIP CITY-ST-ZIP Atlantic Beach FL <u>Atlantic Beach FL 32233</u> 32233 **±**ITLE ☐ Delete TITLE Addition Change NAME HAWKINS, BOB NAME Trait, Ann STREET ADDRESS STREET ADDRESS 10 TENTH ST #25E 10 tenth St #28-E CITY-ST-7IP CITY-ST-ZIP <u>ATLANTIC BEACH FL 32233</u> Atlantic Beach FL 32233 TITLE D ☐ Delete TITLE K Change **X** Addition Bamberg, Ruth 10 Tenth St 49-I NAME HOWELL; MARIE NAME STREET ADDRESS STREET ADDRESS .10 TENTH ST #66-K CITY-ST-ZIP + CITY-ST-7IP Atlantic Beach FL ATLANTIC BEACH FL 32233 32233 $\overline{ m VP}$ **VP** Delete TITLE Change X Addition NAME Bennett, Carl VEAL ! CAROL NAME STREET ADDRESS 3747 Rustic Lane 10 TENTH ST #26-E STREET ADDRESS CITY-ST-ZIP Jacksonville Fl 32205 CITY-ST-ZIP <u>ATLANTIC BEACH FL 32233</u> Delete TITLE TITLE D Change X Addition NAME MCCART, PATRICIA L NAME Gross, Dr. Alan STREET ADDRESS 3105 ST JOHNS AVE STREET ADDRESS 10 Tenth St #63-K CITY-ST-ZIP Atlantic Beach FL <u>Jacksonville fl 32205</u> CITY-ST-ZIP 32233 TIDE ☐ Delete TITLE Addition NAME BERRY, ROBERT NAME Stevens, Margie STREET ADDRESS 10 TENTH STREET STREET ADDRESS 6190 Mercer Circle #E CITY-ST-ZIP CITY-ST-ZIP <u>atlantic BCH Fi</u> <u>Jacksonville FL 32217</u>

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: MICHELLE TURPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-05

Daytime F

Daytime Phone #