


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90001 032 ****61.25

DOCUMENT # 730115			
1. Entity Name CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744 US		Mailing Address 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. Name and Address of Current Registered Agent HUBBARD, ALICE LELAND MANAGEMENT 1633 E VINE STREET, SUITE 110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOWELL, MARIE <input checked="" type="checkbox"/> Delete 10 TENTH ST., #66-K ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bob Berry 10 Tenth Street, 6A Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAIT, ANN <input checked="" type="checkbox"/> Delete 10 TENTH ST, #28-E ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alan Gleit 10 Tenth Street, 32F Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAMBERG, RUTH <input checked="" type="checkbox"/> Delete 10 TENTH ST., 49-I ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alvin Gross 10 Tenth Street, 63K Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, CARL <input checked="" type="checkbox"/> Delete 3747 RUSTIC LANE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Art Scarborough 10 Tenth Street, 8B Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYCOCK, TOMMY <input type="checkbox"/> Delete 10 10TH STREET #50I ATLANITC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENS, MARGIE <input type="checkbox"/> Delete 6400 MERCER CIR., #E via Mercer Cir. E. JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Rob S T Berry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/19/2004</u> Daytime Phone #: <u>904/241-2865</u>	

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MAR 16 2004