


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90198 044 \*\*\*\*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  
**8009 S. Orange Ave**  
 Suite, Apt. #, etc.  
**Orlando, FL.**  
 City & State  
**32809-6711**  
 Zip

3. Mailing Address  
**8009 S. Orange Ave**  
 Suite, Apt. #, etc.  
**Orlando, FL.**  
 City & State  
**32809-6711**  
 Zip

**14001957**



02162005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1655955** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HUBBARD, ALICE**  
**LELAND MANAGEMENT**  
**4633 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)  
**8009 S. Orange Ave.**  
**Orlando** FL Zip Code **32809-6711**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 P	BERRY, BOB 10 TENTH ST. 6A ATLANTIC BEACH, FL 32233	TITLE Director	Dottie Powell 10 Tenth Street 19D Atlantic Beach, FL 32233
TITLE T	GLEIT, ALAN 10 TENTH ST 32F ATLANTIC BEACH, FL 32233	TITLE Director	Ruth Bamberg 10 Tenth Street, 49E Atlantic Beach, FL 32233
TITLE D	GROSS, ALVIN 10 TENTH ST 63K ATLANTIC BEACH, FL 32233	TITLE Director	made copbn 10 Tenth Street 61K Atlantic Beach, FL 32233
TITLE D	SCARBOROUGH, ART 10 TENTH ST 8B JACKSONVILLE, FL 32205	TITLE NAME	
TITLE VP	<del>AYCOCK, TOMMY</del> 10 10TH STREET #301 ATLANTIC BEACH, FL 32233	TITLE Vice President	Bob Hawkins 10 Tenth Street # 25E Atlantic Beach, FL. 32233
TITLE SD	STEVENS, MARGIE 6190 MERCER CIR E JACKSONVILLE, FL 32217	TITLE NAME	

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: Robert Berry Date: 4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR