

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730115

FILED
Mar 24, 2006
Secretary of State

Entity Name: CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 328096711 US

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 328096711 US

New Mailing Address:

FEI Number: 59-1655955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBBARD, ALICE
8009 S ORANGE AVE
ORLANDO, FL 328096711 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 328096711 US

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: REBECCA FURLOW 03/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRY, BOB
Address: 10 TENTH ST, 6A
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: GLEIT, ALAN
Address: 10 TENTH ST 32F
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: GROSS, ALVIN
Address: 10 TENTH ST 63K
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: SCARBOROUGH, ART
Address: 10 TENTH ST 8B
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Delete
Name: HAWKINS, BOB
Address: 10 TENTH STREET, #25E
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD (X) Delete
Name: STEVENS, MARGIE
Address: 6190 MERCER CIR E
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERRY, BOB
Address: 10 TENTH ST, 6A
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD (X) Change () Addition
Name: GLEIT, ALAN
Address: 10 TENTH ST 32F
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD (X) Change () Addition
Name: COPLAN, MEADE
Address: 10 TENTH ST 61K
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD (X) Change () Addition
Name: STEVENS, MARGIE
Address: 6190 MERCER CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BERRY PD 03/24/2006

Electronic Signature of Signing Officer or Director Date