
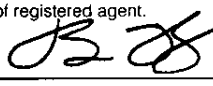


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 011 ****61.25

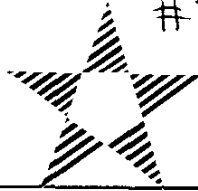
DOCUMENT # 730115					
1. Entity Name CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8009 S ORANGE AVE ORLANDO, FL 32809-6711 US			Mailing Address 8009 S ORANGE AVE ORLANDO, FL 32809-6711 US		
2. Principal Place of Business - No P.O. Box # 2900 Hartley Rd		3. Mailing Address 2900 Hartley Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-1655955	
Zip 32257		Country US		Applied For Not Applicable	
Zip 32257		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809-6711			Name STELLAR PROPERTIES		
			Street Address (P.O. Box Number is Not Acceptable) 2900 Hartley Rd		
			City Jacksonville FL Zip Code 32257		
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  Bill Thompson, CAM			DATE Jan 16, 2007		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, BOB		NAME	gleit Alan	
STREET ADDRESS	10 TENTH ST, 6A		STREET ADDRESS	10 TENTH ST 32F	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Atlantic Beach FL 32233	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEIT, ALAN		NAME	Bennett, Jr, Carl	
STREET ADDRESS	10 TENTH ST 32F		STREET ADDRESS	3747 Rustic Ln	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPLAN, MEADE		NAME	Mackool	
STREET ADDRESS	10 TENTH ST 61K		STREET ADDRESS	10 Tenth St 426	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MARGIE		NAME		
STREET ADDRESS	6190 MERCER CIRCLE E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in 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 I have been on an attachment with an address, with all other like empowered.					
SIGNATURE: ALAN GLEIT, PRES.			Date 1-13-07 Daytime Phone # 908-241-9966		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

ACCOUNTING RECEIVED

ATTACHMENT

60009616

730115



STELLAR PROPERTIES

January 17, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

The Cloisters of Atlantic Beach Condominium Association Vendor:

Stellar Properties has recently taken over management duties for The Cloisters of Atlantic Beach Condominium Association, Inc. Please update your records with the new mailing address:

The Cloisters of Atlantic Beach Condominium Assoc.
c/o Stellar Properties
2900 Hartley Rd.
Jacksonville, FL 32257

We look forward to doing business with you. Please do not hesitate to contact us with any questions or comments.

Sincerely,

Stellar Properties