


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 047 \*\*\*\*61.25

**DOCUMENT # N04000010218**

1. Entity Name  
 THE CLOISTERS AT LAKE WORTH, INC.



Principal Place of Business  
 80 S.W. EIGHTH ST.  
 SUITE 2550  
 MIAMI, FL 33130

Mailing Address  
 80 S.W. EIGHTH ST.  
 SUITE 2550  
 MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 1928 LAKE WORTH RD.

3. Mailing Address  
 Suite, Apt. #, etc.  
 1928 LAKE WORTH RD.

City & State  
 LAKE WORTH, FL

City & State  
 LAKE WORTH, FL

Zip  
 33461

Country

Zip  
 33461

Country

40000000



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 41-2165023

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAMIAN, VINCENT E JR.  
 80 S.W. EIGHTH ST.  
 2550  
 MIAMI, FL 33130

**7. Name and Address of New Registered Agent**

Name  
 ASSOCIATED PROPERTY MANAGEMENT

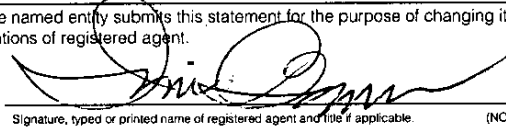
Street Address (P.O. Box Number is Not Acceptable)  
 1928 LAKE WORTH RD.

City  
 LAKE WORTH

State  
 FL

Zip Code  
 33461

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, GARY	
STREET ADDRESS	80 S.W. EIGHTH ST	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BERMAN, IRVIN	
STREET ADDRESS	80 SW 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MIRANDA, WILLIAM	
STREET ADDRESS	80 SW 8TH ST	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 09 2007

Date

Daytime Phone #

3/26/07

CIU REV/ADM