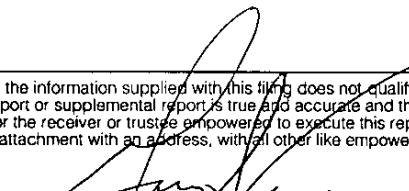


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 041 ****61.25

DOCUMENT # N04000010218 1. Entity Name THE CLOISTERS AT LAKE WORTH, INC.			
Principal Place of Business ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		Mailing Address ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461	
2. Principal Place of Business - No P.O. Box # CAMS		3. Mailing Address CAMS	
Suite, Apt. #, etc. 314 NE 3rd Street		Suite, Apt. # etc. 314 NE 3rd Street	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33435		Zip 33435	
Country		Country	
4. FEI Number 41-2165023		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATION PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name: GEORGE BEITER, President Str: C.A.M.S. Prop Mgmt Svcs. 314 NE 3rd Street City: Boynton Bch FL Zip Code: 33435	
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: 		DATE: 4/10/08	
Filing Fee is \$61.25 Due by May 1, 2008		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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: LEE, GARY STREET ADDRESS: 80 S.W. EIGHTH ST CITY-ST-ZIP: MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE: T/S NAME: Lee, Gary STREET ADDRESS: 80 SW Eighth St CITY-ST-ZIP: miami, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: BERMAN, IRVIN STREET ADDRESS: 80 SW 8TH STREET CITY-ST-ZIP: MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Berman, Irvin STREET ADDRESS: 80 SW Eighth St CITY-ST-ZIP: miami, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: MIRANDA, WILLIAM STREET ADDRESS: 80 SW 8TH ST CITY-ST-ZIP: MIAMI, FL 33130	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		DATE: 4-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-588-8124	