


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

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000002342  
 1. Entity Name  
 THE CLOISTERS OF EMERALD HILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 125 NORTH 46TH AVENUE, HOLLYWOOD, FL 33021  
 Mailing Address: 125 NORTH 46TH AVENUE, HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOTTLIEB, BRUCE M  
 125 NORTH 46TH AVENUE  
 HOLLYWOOD, FL 33021

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOTTLIEB, BRUCE M
STREET ADDRESS	125 NORTH 46TH AVENUE
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GOTTLIEB, KAREN
STREET ADDRESS	125 NORTH 46TH AVENUE
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GOTTLIEB, SARI
STREET ADDRESS	125 NORTH 46TH AVENUE
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce M. Gottlieb Director Bruce M. Gottlieb 10/18/05 9549667900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #