

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 25 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182006 Chg-NP CR2E037 (11/05) *06*

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 <div style="text-align: right; font-size: 18pt; font-weight: bold;">\$61.25</div>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOTTLIEB, BRUCE M 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOTTLIEB, BRUCE M	NAME			
STREET ADDRESS	125 NORTH 46TH AVENUE	STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD, FL 33021	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOTTLIEB, KAREN	NAME			
STREET ADDRESS	125 NORTH 46TH AVENUE	STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD, FL 33021	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOTTLIEB, SARI	NAME			
STREET ADDRESS	125 NORTH 46TH AVENUE	STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD, FL 33021	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			
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			
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: _____				April 11, 2006 (954) 966-7900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Display Phone *</small>	

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