FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 11:
SECRETARY OF STA
TALLAHASSEE, FLOR

DOCUMENT # 742093 (8)

1. Corporation Name

CLOISTER POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
202 SPARROW DRIVE ROYAL PALM BEACH FL 33411	202 SPARROW DRIVE ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2005382 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J
250 AUSTRALIAN AVE., SOUTH
SUITE 1010
WEST PALM BEACH FL 33401-5012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DECS	☒ Change ☐ Addition
NAME	MENTZER, JAMES	1.2 NAME		
STREET ADDRESS	117 SANTA CRUZ	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☒ Change ☐ Addition
NAME	MAYER, PAMALA	2.2 NAME		
STREET ADDRESS	314-4 SPARROW	2.3 STREET ADDRESS	214-4 SPARROW	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	KOLEOS, MIKE	3.2 NAME	M. A. "MIKE" KOLEOS	
STREET ADDRESS	119 HERON PKY.	3.3 STREET ADDRESS	119 HERON PARK WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ZLOKAS, MIKE	4.2 NAME		
STREET ADDRESS	212-2 SPARROW DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WOODS, DENNIS	5.2 NAME		
STREET ADDRESS	206-2 SPARROW DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	VICE PRES - DIRECTOR	☐ Change ☒ Addition
NAME		6.2 NAME	DUCHESNEAU, LEO	
STREET ADDRESS		6.3 STREET ADDRESS	218-2 SPARROW	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. A. Koleos 3-9-95 (407) 798-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011363