

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714137 (7)
 1. Corporation Name
CLOISTER DEL MAR ASSOCIATION, INC.



Principal Place of Business 1180 S. OCEAN BLVD. BOCA RATON FL 33432	Mailing Address 1180 S. OCEAN BLVD. BOCA RATON FL 33432-7682
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3. Date Incorporated or Qualified 02/21/1968	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FFI Number 59-1232432 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHILLER, FAY
1180 S OCEAN BLVD
STE 2C
BOCA RATON FL 33432

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Fay Schiller* *Secretary* **1-22-97**
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FREEDMAN, LEONARD	1.2 NAME	
STREET ADDRESS	1180 S. OCEAN BLVD. #6C	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, JOHN	2.2 NAME	
STREET ADDRESS	1180 S OCEAN BLVD 2F	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, GEORGE G.	3.2 NAME	
STREET ADDRESS	1180 S. OCEAN BLVD #6A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHILLER, FAY	4.2 NAME	
STREET ADDRESS	1180 S OCEAN BLVD., APT 2C	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	5.1 TITLE	☒ Change ☒ Addition
NAME	WOOD, LINDA	5.2 NAME	
STREET ADDRESS	1180 S. OCEAN BLVD., APT. 12-F	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☒ Change ☒ Addition
NAME	DAVIS, JAMES	6.2 NAME	
STREET ADDRESS	1180 S. OCEAN BLVD., APT. 17-C	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	
		TD	
		COHEN, BERNARD	
		1180 S. Ocean Blvd.Apt.PH-D	
		BOCA RATON FL	
		D	
		GITOMER, HAROLD	
		1180 S. Ocean Blvd.Apt. 7-F	
		Boca Raton FL	

14. I do hereby certify that the information supplied with this filing 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: *Fay Schiller*

1-22-97 561-368-1472

CR2E037 (9/96)