

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742093

FILED
Apr 29, 2009
Secretary of State

Entity Name: CLOISTER POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

G R S PROPERTY MANAGEMENT INC.
3900 WOODLAKE BLVD. ST. 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

2889 10TH AVE N
SUITE 302
LAKE WORTH, FL 33461 US

Current Mailing Address:

G.R.S. PROPERTY MANAGEMENT INC.
3900 WOODLAKE BLVD. ST. 309
LAKE WORTH, FL 33463 US

New Mailing Address:

2889 10TH AVE N
SUITE 302
LAKE WORTH, FL 33461 US

FEI Number: 59-2005382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GPS MANAGEMENT ASSOC. INC
3900 WOODLAKE BLVD #309
3
LAKE WORTH, FL 33403 US

Name and Address of New Registered Agent:

ALEXANDER BORELL, ATTY AT LAW
2889 10TH AVE N
302
LAKE WORTH, FL 33461 US

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.

SIGNATURE: ALEX BORELL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROMERO, DAVID
Address: 12115 NATALIES COVE RD.
City-St-Zip: COOPER CITY, FL 33330

Title: PD () Delete
Name: MOLER, DONNA M
Address: 210 SPARROW DRIVE #1
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: DRAKE, CINDY
Address: 208 SPARROW DR. #1
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA BORELL

LCAM

04/29/2009

Electronic Signature of Signing Officer or Director

Date