

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721373

Entity Name: CLOISTERS CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 08, 2014
Secretary of State
CC6394032970

Current Principal Place of Business:

100 S. INTERLACHEN AVENUE
MANAGER'S OFFICE
WINTER PARK, FL 32789

Current Mailing Address:

100 S. INTERLACHEN AVENUE
MANAGER'S OFFICE
WINTER PARK, FL 32789

FEI Number: 59-1355579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHEEK, JAMES EDWARD III ESQ
329 PARK AVE N 2 FLOOR
WINTER PARK, FL 32789 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ANDREWS, SHERRY
Address 102 S. INTERLACHEN AVE., #512
City-State-Zip: WINTER PARK FL 32789

Title VP
Name STARR, MARTIN
Address 104 S. INTERLACHEN AVE., #304
City-State-Zip: WINTER PARK FL 32789

Title TREASURER
Name GANT, DOROTHY
Address 100 S. INTERLACHEN AVE., #505
City-State-Zip: WINTER PARK FL 32789

Title TD
Name HOLLINGSWORTH, LINDA
Address 102 S. INTERLACHEN AVE., #406
City-State-Zip: WINTER PARK FL 32789

Title D
Name ANDREYEV, NICK
Address 100 S INTERLACHEN AVE., #402
City-State-Zip: WINTER PARK FL 32789

Title D
Name DODD, DAVID
Address 100 S. INTERLACHEN AVE., #201
City-State-Zip: WINTER PARK FL 32789

I hereby 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 all other like empowered.

SIGNATURE: SHERRY ANDREWS

PRESIDENT

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date