

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721373

**Entity Name:** CLOISTERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 02, 2022**  
**Secretary of State**  
**8191318250CC**

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL  
2300 MAITLAND CENTER PARKWAY SUITE 101  
MAITLAND, FL 32751

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
2300 MAITLAND CENTER PARKWAY SUITE 101  
MAITLAND, FL 32751 US

**FEI Number: 59-1355579**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RUGGIERI LAW FIRM  
111 N. ORANGE AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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: LEE ADLER**

**05/02/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WHITE, MICHAEL  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  2300 MAITLAND CENTER PARKWAY  
                  SUITE 101  
City-State-Zip: MAITLAND FL 32751

Title           PRESIDENT  
Name           ADLER, LEE  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  2300 MAITLAND CENTER PARKWAY  
                  SUITE 101  
City-State-Zip: MAITLAND FL 32751

Title           DIRECTOR  
Name           BURTON, LINNELL  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  2300 MAITLAND CENTER PARKWAY  
                  SUITE 101  
City-State-Zip: MAITLAND FL 32751

Title           VP  
Name           CASTIGLIONE, JOSEPH  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  2300 MAITLAND CENTER PARKWAY  
                  SUITE 101  
City-State-Zip: MAITLAND FL 32751

Title           DIRECTOR  
Name           FRAZEE, CHUCK  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  2300 MAITLAND CENTER PARKWAY  
                  SUITE 101  
City-State-Zip: MAITLAND FL 32751

Title           DIRECTOR  
Name           GIBBONS, CHARLES  
Address        100 S INTERLACHEN AVE.  
                  OFFICE  
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: LEE ADLER**

**PRESIDENT**

**05/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date