

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730115

**Entity Name:** CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.

**FILED  
Jun 29, 2020  
Secretary of State  
2397394459CC**

**Current Principal Place of Business:**

10 10TH ST  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

10151 DEERWOOD PK BLVD.  
BLDG 200, STE 250  
JACKSONVILLE, FL 32256 US

**FEI Number: 59-1655955**

**Certificate of Status Desired: No**

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

STELLAR PROPERTIES OF NORTH FLORIDA  
10151 DEERWOOD PK BLVD.  
BLDG 200, STE 250  
JACKSONVILLE, FL 32256 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 VP  
Name COPLAN, MEADE  
Address 10151 DEERWOOD PK BLVD.  
BLDG 200, STE 250  
City-State-Zip: JACKSONVILLE FL 32256

Title P  
Name BROWN, ALISON  
Address 10151 DEERWOOD PK BLVD.  
BLDG 200, STE 250  
City-State-Zip: JACKSONVILLE FL 32256

Title S  
Name STEVENS, MARGIE  
Address 10151 DEERWOOD PK BLVD.  
BLDG 200, STE 250  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name GLEIT, ALAN  
Address 10151 DEERWOOD PK BLVD.  
BLDG 200, STE 250  
City-State-Zip: JACKSONVILLE FL 32256

*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: ALISON BROWN**

**AGENT**

**06/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date