

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730115

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

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC0687114967**

**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**

**PRESIDENT**

**05/01/2018**

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

\_\_\_\_\_  
Date