

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

DOCUMENT# N96000002342

**Entity Name:** THE CLOISTERS OF EMERALD HILLS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 18, 2020**  
**Secretary of State**  
**6959236306CC**

**Current Principal Place of Business:**

125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GOTTLIEB, BRUCE M  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021 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 D  
Name GOTTLIEB, BRUCE M  
Address 125 NORTH 46TH AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name GOTTLIEB, KAREN  
Address 125 NORTH 46TH AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name GOTTLIEB, SARI  
Address 125 NORTH 46TH AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

*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: BRUCE M GOTTLIEB**

**REGISTERED AGENT**

**02/18/2020**

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

\_\_\_\_\_  
Date