

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90198 044 ****61.25

DOCUMENT # 730115 1. Entity Name CLOISTER OF ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744 US		Mailing Address 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744 US	
2. Principal Place of Business 8009 S. Orange Ave Suite, Apt. #, etc. Orlando, FL. City & State 32809-6711 Zip		3. Mailing Address 8009 S. Orange Ave Suite, Apt. #, etc. Orlando, FL. City & State 32809-6711 Zip	
4. FEI Number 59-1655955		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBARD, ALICE LELAND MANAGEMENT 1633 E VINE STREET, SUITE 110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8009 S. Orange Ave. Orlando FL 32809-6711	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P BERRY, BOB 10 TENTH ST. 6A ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Director Dottie Powell 10 Tenth Street 19D Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP T GLEIT, ALAN 10 TENTH ST 32F ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Director Ruth Rosenberg 10 Tenth Street, 49F Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D GROSS, ALVIN 10 TENTH ST 63K ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Director Made Coplin 10 Tenth Street 61K Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SCARBOROUGH, ART 10 TENTH ST 8B JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice President Bob Hawkins 10 Tenth Street # 25E Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP AYCOCK, TOMMY 10 10TH STREET #301 ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP SD STEVENS, MARGIE 6190 MERCER CIR E JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert Berry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/25/05</u> Daytime Phone # _____	

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