2000 UNIFORM BUSINESS REPORT (UBR)

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Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90040 003 ****61.25

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1. Entity Name

CLOISTERS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6000 WOODLAKE BLVD GREENACRES CITY FL 33463-3041	6000 WOODLAKE BLVD GREENACRES CITY FL 33463-3037

DO NOT WRITE IN THIS SPACE

ACCOUNTING MONTH _____ INITIALS _____

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2060743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, JAY STEVEN, ESQUIRE 2500 N MILITARY TR STE 275 PALM BCH FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONALD, THOMPSON G 6105 NEWSTEAD CT GREENACRES CITY FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Baker, Mary 6131 Elsinore Circle Greenacres, Fl. 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUTRONE, PETER J 6165 ELSINORE CIRCLE GREENACRES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marshall, Marjorie 6110 Newstead Court Greenacres, Fl. 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HINDMAN, JERRY S 6111 NEWSTEND CT GREENACRES FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Natross, Pearl 6115 wood lake Blvd. Greenacres Fl. 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAOLANO, ANTOINETTE 6126 FAIRFIELD CIRCLE GREENACRES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUMNER, LAZARUS 6113 WOODLAKE BLVD GREENACRES FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENDER, JOSEPH SR 6125 NEWSTEAD CT. GREENACRES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Donald G. Thompson 1-27-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #