

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749601**

1. Entity Name

CLOISTERS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**6000 WOODLAKE BLVD
GREENACRES CITY FL 33463-3041**

Mailing Address

**6000 WOODLAKE BLVD
GREENACRES CITY FL 33463-3041**

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

**LEVINE, JAY STEVEN, ESQUIRE
2500 N MILITARY TR STE 275
PALM BCH FL 33431**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALD, THOMPSON G 6105 NEWSTEAD CT GREENACRES CITY FL 33463	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, MARY 6131 ELSINORE CIRCLE GREEN ACRES FL 33463	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINDMAN, JERRY S 6111 NEWSTEND CT GREENACRES FL 33463	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, MARJORIE 6110 NEWSTED COURT GREEN ACRES FL 33463	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUMNER, LAZARUS 6113 WOODLAKE BLVD GREENACRES FL 33463	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, JOSEPH SR 6125 NEWSTEAD CT. GREENACRES FL	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/01 561-357-

Daytime Phone #

**FILED
Jan 29, 2001 8:00 am
Secretary of State**

01-29-2001 90136 014 ****61.25

906937

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)