2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State
07-14-2006 90024 046 ****61.25

DOCUMENT # 749601

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 33463-3041

07102006 Chg-NP CR2E037 (4/06)

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

GARCIA, BERTA P
6169 ELSINORE CIRCLE
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name JOSEPH J. BENDER

Street Address (P.O. Box Number is Not Acceptable) 6125 Newstead CT.

City GREENACRES FL Zip Code 33463

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 JOSEPH J BENDER Joseph J Bender 7-8-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD BENDER, JOSEPH S.R. 6125 NEWSTEAD COURT GREENACRES CITY, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MINER, JOANN 6126 ELSINORE CIRCLE GREEN ACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, LAWRENCE 6143 ELSIMORE CIR. GREENACRES, FL 33463	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Barbara Massing 6119 ELSINORE CIR. Greenacres FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, BERTA 6169 ELSINORE CIRCLE LAKE WORTH, FL 33463	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Floyd Edelman 6102 Woodlakes BLVD. Greenacres FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLUCCI, RICHARD 6127 ELSINORE CIRCLE LAKE WORTH, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEIR, WILLIAM 6122 NEWSTEAD CT GREEN ACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara Massing Barbara Massing Sec'y 7-9-06 561-649-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #