2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90033 039 ****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

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

FUSTON, JERRY
4000 S 57TH AVE #101
GREENACRES, FL 33463

7. Name and Address of New Registered Agent

Name PHOENIX MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
3082 Jog Rd,
City Lake Worth, FL Zip Code 33467

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 David C Fuston 4-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required by law) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	DP WALLIS, AVERYL 6121 NEWSTAND CT GREENACRES CITY, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRASHMAN, ROBERT 5142 ELSHOSE CIR GREEN ACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERSHMAN, BOB 6142 Elsinore Circle Green Acres, FL 33463 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COLONDRA, MARLONO 6101 WOOLCOLUS BVLD GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, KEN 3709 Hertford Court Green Acres, FL 33463 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUCHOLZ, JOHN 5161 ELSHOSE CIR GREENACRES, FL 33463	☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOAH, JEAN 3805 Davenport Ct Green Acres, FL, 33463 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIACH, JOAN 6126 ELSIANE CR LAKE WORTH, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAINE, JUDITH 6110 FAIRFICH CR GREEN ACRES, FL 33463	☐ 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 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: [signature] 4-8-08 561-964-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #