

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **849508** (7)

1. Corporation Name

THE CLOISTERS AT PINE ISLAND, INC.



Principal Place of Business

Mailing Address

**WATERFRONT DRIVE
P O BOX 1616
PINELAND FL 33945**

**WATERFRONT DRIVE
P O BOX 1616
PINELAND FL 33945**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/23/1981

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2392370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and town if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	AGEE, PAUL T	
STREET ADDRESS	746 SHERATON DR	
CITY- ST- ZIP	VIRGINIA BEACH VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IRBY, EDWARD C	
STREET ADDRESS	1203 GATES AVE	
CITY- ST- ZIP	NORFOLK VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NUSS, GLORIA J	
STREET ADDRESS	605 GLENROSE CT.	
CITY- ST- ZIP	CHESAPEAKE VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TAUSIG, WILLIAM B	
STREET ADDRESS	5444 HARGROVE BLVD.	
CITY- ST- ZIP	VIRGINIA BEACH VA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOZORETZ M.D., RONALD I	
STREET ADDRESS	215 BROOK AVE., UNIT 1001	
CITY- ST- ZIP	NORFOLK VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Linehan	
1.3 STREET ADDRESS	240 Corporate Blvd.	
1.4 CITY- ST- ZIP	Norfolk, VA 23502	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Grden	
2.3 STREET ADDRESS	240 Corporate Blvd.	
2.4 CITY- ST- ZIP	Norfolk, VA 23502	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark Benz	
3.3 STREET ADDRESS	240 Corporate Blvd.	
3.4 CITY- ST- ZIP	Norfolk, VA 23502	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Turner	
4.3 STREET ADDRESS	240 Corporate Blvd.	
4.4 CITY- ST- ZIP	Norfolk, VA 23502	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

(804) 459-5124

Date

Daytime Phone #

CR2E034 (12/95)