

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0004068

DOCUMENT # N00000001190

1. Entity Name

CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, IN

04-06-2001 90036 001 ****61.25

Principal Place of Business

Mailing Address

2499 GLADES ROAD
 SUITE 114
 BOCA RATON FL 33431

2499 GLADES ROAD
 SUITE 114
 BOCA RATON FL 33431

819242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

551 NW 77th Street

551 NW 77th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

Suite 108

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33487

USA

33487

USA

4. FEI Number

Applied For

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

SMITH, HARRY B ESQ.
 701 BRICKELL AVENUE
 SUITE 1900
 MIAMI FL 33131

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 Delete
 NAME PD
 ALBANESE, LEONARD
 STREET ADDRESS 2499 GLADES ROAD SUITE 114
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE Change Addition
 NAME
 STREET ADDRESS 551 NW 77th Street, Ste. 108
 CITY-ST-ZIP Boca Raton, FL 33487

TITLE Delete
 NAME VSD
 POPKIN, EDWARD
 STREET ADDRESS 2499 GLADES ROAD SUITE 114
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 HOWELL, MICHAEL
 STREET ADDRESS 2499 GLADES ROAD SUITE 114
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Edward D. Popkin 1-5-01 561-394 8333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)