

FILED  
Sep 10, 2002 8:00 am  
Secretary of State

08-04-2002 90161 032 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001190

1. Entity Name  
CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
551 NW 77TH STREET SUITE 108 BOCA RATON FL 33487  
1200 S. Rogers Circle # 11 551 NW 77TH STREET SUITE 108 BOCA RATON FL 33487 → Same

2. Principal Place of Business Suite, Apt. #, etc.  
City & State

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0868611 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
SMITH, HARRY B ESQ.  
701 BRICKELL AVENUE  
SUITE 1900  
MIAMI FL 33131

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

Table with 10 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include Title, Name, Street Address, City-ST-ZIP. Rows include PD ALBANESE, LEONARD; VSD POPKIN, EDWARD; TD HOWELL, MICHAEL.

Table with 10 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Columns include Title, Name, Street Address, City-ST-ZIP. Rows include Secretary/Treasurer BERTY T. VALLS; President/Dirctor NEAL KAPLAN; Vice President/Director CAROL GUTIERREZ.

CR2E037 (9/01)

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 which I am empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-02 (305) 529-0303 Date Daytime Phone #