


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90011 026 \*\*\*\*61.25

**DOCUMENT # N00000001190**

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



Principal Place of Business      Mailing Address  
~~1200 S. ROGERS CIRCLE~~      ~~1200 S. ROGERS CIRCLE~~  
~~#11~~      ~~#11~~  
~~BOCA RATON, FL 33487~~      ~~BOCA RATON, FL 33487~~

**44015425**

2. Principal Place of Business      3. Mailing Address  
*70 The Continental Group*      *70 The Continental Group*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*11981 SW 144 CT Ste 301*      *11981 SW 144 CT Ste 301*

City & State      City & State  
*Miami, FL*      *Miami, FL*

Zip      Country      Zip      Country  
*33186*           *33186*           *33186*           *33186*



01142004 Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0868611**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBANESE, LEONARD	
STREET ADDRESS	1200 S ROGERS CIRCLE #11	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SANDBERG, DONNA M	
STREET ADDRESS	1200 S. ROGERS CIR. #11	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	DTVP	<input type="checkbox"/> Delete
NAME	POPKIN, EDWARD	
STREET ADDRESS	1200 S. ROGERS CIR. #11	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	<i>IRE Beverly Donnelly</i>	<input type="checkbox"/> Delete
NAME	<i>1200 S. Rogers Cir #11</i>	
STREET ADDRESS	<i>Boca Raton FL 33487</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Donna M. Sandberg Secretary*      *11/2/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #