


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

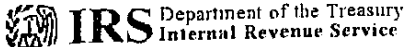
FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90086 002 ****61.25

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DOCUMENT # N00000001190							
1. Entity Name CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business C/O THE CONTINENTAL GROUP 11981 SW 144 CT STE 201 MIAMI, FL 33186			Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 CT STE 201 MIAMI, FL 33186				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 95-0068003 : 90-0050740			
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALBANESE, LEONARD		NAME				
STREET ADDRESS	1200 S ROGERS CIRCLE #11		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SANDBERG, DONNA M		NAME				
STREET ADDRESS	1200 S. ROGERS CIR. #11		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP				
TITLE	DTVP.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	POPKIN, EDWARD		NAME				
STREET ADDRESS	1200 S. ROGERS CIR. #11		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP				
TITLE	TVE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DONNELLY, BEVERLY		NAME				
STREET ADDRESS	1200 S. ROGERS CIR #11		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33482		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Donna M. Sandberg</i>		SECRETARY		Date _____ Daytime Phone # _____			



ATTACHMENT

OMB Clearance No.: 1545-0127

OGDEN UT 84201-0034

In reply refer to: 0427358895
Nov. 19, 2004 LTR 147C
90-0050740 200312 02 000

01739
BODC: SB

40035849
#N00000001190

CLOISTERS ON THE BAY C A I
% CONTINENTAL GROUP
11981 S W 144TH CT STE 201
MIAMI FL 33186



000850

Employer Identification Number: 90-0050740

Dear Taxpayer:

Thank you for your Form 1120H. Our records show you should be using employer identification number 90-0050740. Please let us know whether your records agree with ours. If they don't please send us a copy of the IRS notice assigning the number you used on your form. If you no longer have the notice, please tell us the name and business name to which that number is assigned.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

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