

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


Amended

FILED

06 DEC -6 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **000000001190**
1. Entity Name
Cloisters on the Bay Condominium Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Cloisters on the Bay Condominium A
Suite, Apt. #, etc.

3. Mailing Address
3471 Main Hwy.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coconut Grove, Fl.

City & State

Zip
33133

Country
Dade

4. FEI Number **900050740** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

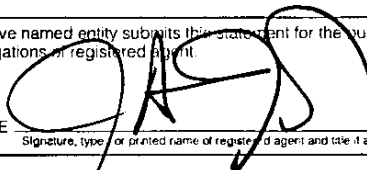
7. Name and Address of Current Registered Agent

Name **Jay Ziskind**

Street Address (P.O. Box Number is Not Acceptable)
3471 Main Hwy. #517

City **Coconut Grove** **FL** Zip Code **33133**

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  **Jay Ziskind - Board President** 11-27-06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FEE IS \$61.25
Initial or Amended UBR

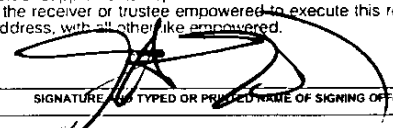
9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Jay Ziskind 3471 Main Hwy. #517 Coconut Grove, Fl 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082399909 12/08/06--01036--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Bernard Wolfson 3471 Main Hwy. #929 Coconut Grove, Fl. 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Treasurer, Elaine Katz 3471 Main Hwy. #727 Coconut Grove, Fl. 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jay Ziskind** 11-27-06 (305)
SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #