

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90046 042 \*\*\*\*61.25

**DOCUMENT # N00000001190**  
 1. Entity Name  
**CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3471 MAIN HWY  
 MIAMI, FL 33186**

Mailing Address  
**11981 SW 144TH CT  
 STE 201  
 MIAMI, FL 33186**

**40009883**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**90-0050740**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**ZISKIND, JAY  
 3471 MAIN HWY #517  
 MIAMI, FL 33133**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	P ZISKIND, JAY 3471 MAIN HWY., #517 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFSON, BERNARD 3471 MAIN HWY., #929 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KATZ, ELAINE 3471 MAIN HWY., #727 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. TIMOTHY QUELLETTE 3471 MAIN HWY #441 COCONUT GROVE FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHAYNA STEIN 3471 MAIN HWY #310 COCONUT GROVE FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Depto*


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

**ATTACHMENT**

# 40009883  
# N00000001190

**DOCUMENT #** N00000001190

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3471 Main Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**11981 SW 144th Court**  
Suite, Apt. #, etc.  
**Suite # 201**

**DO NOT WRITE IN THIS SPACE**

City & State  
**Coconut Grove, Fl.**

City & State

4. FEI Number **90-0050740** Applied For Not Applicable

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

Zip **33133** Country **Dade** Zip **33186** Country **Dade**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jaz Ziskind**

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

City **Coconut Grove, Fl.** 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 \_\_\_\_\_ (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	<b>President, Jay Ziskind</b> <b>3471 Main Hwy. #517</b> <b>Coconut Grove, Fl. 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President, Bernard Wolfson</b> <b>3471 Main Hwy. #929</b> <b>Coconut Grove, Fl. 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary - Treasurer, Elaine Katz</b> <b>3471 Main Hwy. #727</b> <b>Coconut Grove, Fl. 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Timothy Ouellette</b> <b>3471 Main Hwy. #411</b> <b>Coconut Grove, Fl. 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Shayna Stein</b> <b>3471 Main Hwy. #310</b> <b>Coconut Grove, Fl. 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other officers empowered.

**SIGNATURE:** Jay Ziskind **Jay Ziskind** **01-04-07** **(305) 445-0009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)