## **\*2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N0000001190



1. Entity Name CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, INC.										
3471 MAIN HWY MIAMI, FL 33186		STE 201	11981 SW 144TH CT			\$0009883				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	6							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- (	1072008	Chg-NP	CR2	E037 (12/06)	
City & State		City & State		4	. FEI Numbe 90-005			<b>)</b>	pplied For ot Applicable	
Zip	Country	Zip	Col	untry	5	. Certificate	of Status Desire	ed 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent		I	7.	Name and	Address of Ne	w Register	ed Agent	
ZISKIND,				Name	(0.0	2 11 1	4.1.4			
3471 MAIN HWY #517 MIAMI, FL 33133			Street Address			s (P.O. Box Number is Not Acceptable)				
				City				F	Zip Cod	de
	named entity submits this statement tions of registered agent.	for the purpose of chan	ging its register	red office or r	registered	agent, or bot	th, in the State of	<del></del>		, and accept
trie obligat	tions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	ed Ageni signature	e required whe	n reinstating)		DA	rE	
SIGNATURE	Filing Fee is \$61.25	9. Elect	(NOTE: Registers ion Campaign I Fund Contribu	Financing	\$!	5.00 May B		Make ch	eck payable to	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Elect Trust	ion Campaign I Fund Contribu	Financing tion.	<b>\$</b> ! □ Ad	5.00 May B ded to Fees		Make ch Florida De	eck payable t partment of S	itate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Elect Trust	ion Campaign f Fund Contribu	Financing tion.	<b>\$</b> ! □ Ad	5.00 May B ded to Fees		Make ch Florida De	eck payable of S	N 10
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10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND E P ZISKIND, JAY	9. Elect Trust DIRECTORS	ion Campaign I Fund Contribu  11. te IIIL NAN STR	Financing tion. C	<b>\$</b> ! □ Ad	5.00 May B ded to Fees		Make ch Florida De	eck payable of S	N 10
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10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  ZISKIND, JAY 3471 MAIN HWY., #517 COCONUT GROVE, FL 33133  VP WOLFSON, BERNARD 3471 MAIN HWY., #929 COCONUT GROVE, FL 33133  ST	9. Elect Trust  DIRECTORS  Dele	ion Campaign I Fund Contribu  111.  te IIIIL NAN STR CITT NAN STR CITT CITT IIIL NAN STR CITT IIIL NAN STR	Financing tion.   E  E  ME  EEEI ADDHESS Y-ST-ZIP  .E  ME  EEEI ADDRESS Y-ST-ZIP  .E  EEI ADDRESS Y-ST-ZIP	<b>\$</b> ! □ Ad	5.00 May B ded to Fees		Make ch Florida De	eck payable to partment of S	state N 10 Addition
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12. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

CITY-ST-ZIP

NEED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

Daytime Phone # Date

**FILED** 

Jan 24, 2008 8:00 am Secretary of State 01-24-2008 90046 042 \*\*\*\*61.25

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

· "· U	NIFORM BUSIN	ESS REPO	HI (U	BR)	ATT/	A k Mr. A ICT	/ Velta		
DOCUMENT # N0000000 1/90  1. Entity Name  Cloisters on the Bay Condominium Association, Inc.					ATTA	CHWE		4000988	
						4000988 Voooooo119			
. [	DO NOT WRITE	E IN THIS	SPAC	E	Defering the second sec				
2. Principal P 3471 Mai	lace of Business	3. Mailing Address 11981 SW 14							
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, e			DO NOT WRITE IN THIS SPACE				
City & State Coconut Grove, Fl.		City & State			4. FEI Number	90-0050740		Applied For	
Zip	Country	Zip		untry	5. Certificate of		<b>\$</b>	Not Applicable  8.75 Additional	
33133	Dade	33186	Dad	ie	7. Name and Add	·	F(	ee Required	
		<b></b>		Name Jaz	Ziskind		· <del></del>		
	DO NOT W			Street Addres	s (P.O. Box Number i	s Not Acceptable)		-	
	in this si	PACE		3471 Main Hwy. #517					
				City Cocoi	nut Grove, Fl.		FL	Zip Code 33133	
SIGNATURE	Signature, typed or printed name of regustered agor FEE IS \$61.25 Initial or Amended UBR	9. Elect	(NOTE Registers tion Campaign F t Fund Contribut		\$5.00 May Be Added to Fees			Payable to nent of State	
10.	OFFICERS AND D	IRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Jay Ziskind 3471 Main Hwy. #517 Coconut Grove, Fl. 33133		11			-	•	0,677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Bernard V 3471 Main Hwy. #929 Coconut Grove, Fl. 33133		и					uc o	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Secretary - Treasurer, Ela 3471 Main Hwy. #727 Coconut Grove, Fl. 33133		ll ll	1	DO	NOT V	VRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Timothy Ouellett 3471 Main Hwy. #411 Coconut Grove, Fl. 33133		ll ll		IN.	THIS S	PAC	<b>E</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Shayna Stein 3471 Main Hwy. \$310 Coconut Grove, Fl. 33133	)	N	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			13	1	-				
indicated of the co	certify that the information supplied will on this report or supplemental report reporation or the receiver or trustee emint with an address, with all other the control of	is true and accurate an powered to execute the	nd that my sinns	sture shall have the	ne same lenal effect a	s if made under oa	th: that Larr	an officer or director	

Jay Ziskind

Jay ZISKI

01-04-07

Date

(305) 445-0009

Daytime Phone #