

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
Secretary of State**

DOCUMENT# N00000001190

Entity Name: CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3471 MAIN HWY
MIAMI, FL 33186

New Principal Place of Business:

3471 MAIN HWY
MIAMI, FL 33133

Current Mailing Address:

11981 SW 144TH CT
STE 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 90-0050740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZISKIND, JAY
Address: 3471 MAIN HWY., #517
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Delete
Name: WOLFSON, BERNARD
Address: 3471 MAIN HWY., #929
City-St-Zip: COCONUT GROVE, FL 33133

Title: ST () Delete
Name: KATZ, ELAINE
Address: 3471 MAIN HWY., #727
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: QUELLETTE, TIMOTHY
Address: 3471 MAIN HWY #441
City-St-Zip: COCONUT CREEK, FL 33133

Title: D () Delete
Name: STEIN, SHAYNA
Address: 3471 MAIN HWY #310
City-St-Zip: COCONUT CREEK, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: QUELLETTE, TIMOTHY
Address: 3471 MAIN HWY #441
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: MCHENRY, PHYLLIS
Address: 3471 MAIN HWY #203
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY ZISKIND

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date