


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 040 ****61.25

DOCUMENT # N05000006151 1. Entity Name CIELO COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 8136 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411		Mailing Address 8136 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # <i>1013 N. State Rd 7</i> Suite, Apt. #, etc.		3. Mailing Address <i>1013 N. State Rd 7</i> Suite, Apt. #, etc.	
City & State <i>Royal Palm Beach, FL</i> Zip <i>33411</i>		City & State <i>Royal Palm Beach, FL 33411</i> Zip <i>33411</i>	
4. FEI Number APPLIED FOR		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 BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPUTO, SHARON 1015 N. STATE RD 7 ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>PA ROBERT SMITH</i> <i>1013 N. State Rd 7</i> <i>Royal Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIEM, OMAR 1015 N. STATE RD 7 ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNIGHT, LORA 1015 N. STATE RD 7 ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>STD Michael Calkin</i> <i>1013 N. State Rd 7</i> <i>Royal Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2/4/08</i> (S&P) 333-4700 <small>Daytime Phone #</small>	