

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001138

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE CLOISTERS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

307 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

307 FLAGLER AVE.
SUITE 103
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

132 WAVERLY PLACE
ORLANDO, FL 32806

New Mailing Address:

307 FLAGLER AVE.
SUITE 103
NEW SMYRNA BEACH, FL 32169

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENOIST, LOU E
132 WAVERLY PLACE
ORLANDO, FL 32806 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/D () Delete
Name: BENOIST, LOU E
Address: 132 WAVERLY PLACE
City-St-Zip: ORLANDO, FL 32806

Title: VP/D () Delete
Name: ROSE, LYNN
Address: 304 DESOTO DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S/D () Delete
Name: BENOIST, JUDITH
Address: 132 WAVERLY PLACE
City-St-Zip: ORLANDO, FL 32806

Title: T/D () Delete
Name: BENOIST, JUDITH
Address: 132 WAVERLY PLACE
City-St-Zip: ORLANDO, FL 32806

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

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: LYNN ROSE

VP/D

04/29/2009

Electronic Signature of Signing Officer or Director

Date