2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19750

FILED Apr 20, 2009 Secretary of State

Entity Name: THE CLOISTER AT BROKEN SOUND PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

% LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

FEI Number: 65-0042904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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: WILLIAM K ISAACSON 04/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MASON, JOEL MASON, JOEL Name: Name: 5663 10 W 24 TERRACE Address: 5663 NW 24 TERRACE Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496 Title: () Delete Title: (X) Change () Addition WHITEHILL, STEVEN Name: WHITEHILL, STEVEN Name: Address: 5814 10 W 24TH TERRACE Address: 5814 NW 24TH TERRACE City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496 Title: () Delete Title: () Change () Addition DAVID, PHYLLIS Name: Name: 5849 NW 24 TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: GOLDSTEIN, HARRIET Name: Address: 5718 NW 24TH TERRACE Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: () Change () Addition MIKELBERG, ARNOLD Name: Name: 5833 NW 24TH TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: () Change (X) Addition KOSARIN, DANIEL Name: Name:

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

Address:

City-St-Zip:

5854 NW 24TH TERRACE BOCA RATON, FL 33496

SIGNATURE: STEVEN WHITEHILL PRES 04/20/2009

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date