


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 012 ****61.25

DOCUMENT # N31675	
1. Entity Name THE CLOISTERS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1419 CEDAR BAY LN SARASOTA, FL 34231	Mailing Address 1400 CEDAR BAY LN SARASOTA, FL 34231
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40100965



2. Principal Place of Business - No P.O. Box # 1419 Cedar Bay Lane	3. Mailing Address 1403 Cedar Bay Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292007 Chg-NP CR2E037 (12/06)

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34231	Zip 34231
Country USA	Country USA

4. FEI Number 65-0116868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HUTCHENS, MARILYN 1400 CEDAR BAY LN SARASOTA, FL 34231	

7. Name and Address of New Registered Agent	
Name Burton Rudman	
Street Address (P.O. Box Number is Not Acceptable) 1403 Cedar Bay Lane	
City Sarasota	FL Zip Code 34231

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 Burton Rudman, Treasurer DATE 4-30-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, NATHAN 1419 CEDAR BAY LN SARASOTA, FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUTCHENS, MARILYN 1400 CEDAR BAY LN SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YONKER, RICHARD 1424 CEDAR BAY LN SARASOTA, FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUDMAN, BURTON 1403 Cedar Bay Lane Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Burton Rudman DATE 4-30-2007 DAYTIME PHONE # (941)-927-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR