

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31675

FILED
Jan 04, 2008
Secretary of State

Entity Name: THE CLOISTERS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1419 CEDAR BAY LANE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1403 CEDAR BAY LANE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0116868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDMAN, BURTON
1403 CEDAR BAY LN
SARASOTA, FL 34231 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: PD () Delete
Name: RICHARDS, NATHAN
Address: 1419 CEDAR BAY LN
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: RUDMAN, BURTON
Address: 1403 CEDAR BAY LANE
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: YONKER, RICHARD
Address: 1424 CEDAR BAY LN
City-St-Zip: SARASOTA, FL 34231

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:

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: BURTON RUDMAN

TD

01/04/2008

Electronic Signature of Signing Officer or Director

Date