FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Aug 16, 1996 08:00 AM

Secretary of State

401-952-3500

. Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

SIGNATURE:

DOCUMENT #

N39297

(9)

CLOISTERS HOMEOWNERS ASSOCIATION OF BREVARD, INC

Principal Place of Business 1745 N RIVERSIDE DR INDIALANTIC FL 32903 US		Mailing Address					
		1745 N RIVERSIDE DR Indialantic fl. 32903					
		US			S. Date incorporates of assume		t Report
- *					07/16/1990	05/01/	
2. Principal Plac	on of Business	2a. Mailing Address			4. FEI Number		Applied For
z. Principai Piac 1	e or pusitiess	26	¬		59-3026854		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
2		City & State			6. Election Campaign Financing	\$5.	00 May Be
City & State		28		Trust Fund Contribution	Added to Fees		
3	Country	Zip	Cou	ntry	8. This corporation has liability for in	ntangible tax under	s. 199.032,
Zip 4	25	29	30		Florida Statutes L	J Yes DANO	
31	9. Name and Address of Curre				10. Name and Address of New Re	egisteréd Ágent	<u> </u>
				81 Name	ANKNEY, DUANE A.		
FOX, KRISTY W				82 Street Ad	Address P.O. Box Number is Not Acceptable) 1745 N. RIVERSIDE DR		
					1745 N RIVERSIDE DR		
4 1745 N F	RIVERSIDE DR			83	 :		
, INDIALAN	MC FL 32903			84 City	TAIDT AT ANTOTO	FL 85	328003
				L	INDIALANTIC poration submits this statement for the pure oard of directors. I hereby accept the apport		of office
SIGNATURE _	Signature, typed or printed name of rightstered age	sut and title if applicable (NO)	uonec	1 11/10/	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the apporation of directors in the purporation of the purpo	DATE	
12.	OPFICERS A	ND DIRECTORS	111	17.5	Appriliand to particle to a	Chang	
TITLE	PD .			iAME			
NAME	ankney, duane			TREET ADDRESS			
STREET ADDRESS	1745 N RIVERSIDE DR		- 1	CITY - ST - ZIP			
CITY - ST - ZIP	INDIALANTIC FL	∑]DELETE	211		VP/D	Chan	ge 🙀 Addit an
TITLE	D	M. Derect	1	NAME	FAIR, WALTER		
MAME	ANKNEY, DIANE W.		1	STREET ADDRESS	1745 N RIVERSIDE DR.		
STREET ADDRESS	1745 N RIVERSIDE DR			CITY-ST-2IP	INDIALANTIC FL		
CITY-ST-ZIP	INDIALANTIC FL	*1DELETE		TIFLE 5	s/p	Chan	ge 🙀 Addition
TITLE	D FOY KDISTY		32	NAME	WILCZYNSKI, BILL		
NAME STREET ADDRESS	FOX, KRISTY 1745 N RIVERSIDE DR		33	STREET ADDRESS	1745 N RIVERSIDE DR		
	INDIALANTIC FL		3 4.	CITY-ST-ZIP	INDIALANTIC FL		
CITY-ST-ZIP TITLE	INDIATABLE LE	DELETE	41	TITLE	THISTIMITED TH	Chan	ge 🔲 Addition
NAME			4. 2	NAME			
STREET ADDRESS			43	STREET ADDRESS			
CITY-ST-ZIP			4.4	CITY - ST - ZIP			ige Addition
TITLE		DELETE	5.1	TITLE		Chai	ide Mogicion
NAME			5.2	NAME			
STREET ADDRESS			53	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		Cha	nge 🔲 Additio
TITLE		DELETE	1	TITLE	2000019		
NAME				NAME	2000019 -08/19/9601	23032 1006019	•
CTOCCT ADDRESS	1		53	STREET ADDRESS	-08/12/2001	1000 -018	

6 4 CITY - ST- ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made certify 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 large appears in Block 12 or Block 13 if changed, or an attachment with an address.