FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N39297**

1. Corporation Name

CLOISTERS HOMEOWNERS ASSOCIATION OF BREVARD, INC

Principal Place of Business 1745 N RIVERSIDE DR

Mailing Address 1745 N RIVERSIDE OR INDIALANTIC FL 32903

FILED Jan 22, 1999 8:00am **Secretary of State**

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				3. Date Incorporated or Qualifed		
Principal Pla	ce of Business	2a. Mailing Address		07/16/1990		
Fillicipari		26		4. FEI Number	Applied	d For
Suite, Apt. #	etc.	Suite, Apt. #, etc.		59-3026854	Not Ar	plicable
Suite, Apr. 11		27			\$8.75 Addi	tional
City & State		City & State		5. Certifcate of Status Desired	Fee Requir	red
Only a blass		28		6. Election Campaign Financing	\$5,00 Ma	v Be
Zip	Country	Zip	Country	Trust Fund Contribution	. Added to F	
]	25	29 30	0]	10. Name and Address of New Registere	1 Agent	
	9. Name and Address of Curre	nt Registered Agent	81 Name			
9.00	The state of the second		1 1	- Not Acceptable		
CARDINAL	E. ANTHONY	House the second	82 Street A	ddress (P.O. Box Number is Not Acceptable)		
1060 CAN	ERBURY DR		83			
INDI OANT	IC FL 32903		83		85 Zip Coo	10
		•	84 City	F		en e
4		en la companya de la		corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the statement for the purpose ration's board of directors.	of changing its re	gistered
The Control of the Co	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the above-named of	ration's board of directors. I hereby accept the app	ointment as regis	tered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was add gations of, Section 617.0503, Florid	da Statutes.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose ration's board of directors.		4
	9 11		Registered Agent signature re	outred when reinstating) DATE		
IGNATURE	Signature, typed or printed name of registered ag	deur aug and with a	Registered Agent signatuse re-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN .12
2.	OFFICERS A	AND DIRECTORS	1.1 TITLE	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition Addition
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NAME, N. S. M.	A CARAGONIA CARA	<u></u> 55	4.2 NAME 4.3 STREET ADDRESS	्रिक्त के किया है जिस्से के स्थापन के किया है जिस्से के स्थापन के किया है जिस्से के स्थापन के किया है जिस्से क स्थापन के अपने के किया के किया स्थापन के किया किया किया किया किया किया किया किया		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 under oath; that I am an 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 under oath; that I am an 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 under oath; that I am an indicate 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.