

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-17-2000 90921 044 ****61.25

DOCUMENT # N39297

1. Entity Name

CLOISTERS HOMEOWNERS ASSOCIATION OF BREVARD, INC

Principal Place of Business

Mailing Address

1745 N RIVERSIDE DR
INDIALANTIC FL 32903
US

1745 N RIVERSIDE DR
INDIALANTIC FL 32903-4506
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3026854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDINALE, ANTHONY
1960 CANTERBURY DR
INDIALANTIC FL 32903

Name

KEVIN MAROS

Street Address (P.O. Box Number is Not Acceptable)

1617 COOLING AVE

City

MELBOURNE

FL

Zip Code

32935

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/13/00

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	CARDINALE, ANTHONY	
STREET ADDRESS	1960 CANTERBURY DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPO	☒ Delete
NAME	GLASSMAN, JAMES	
STREET ADDRESS	500 NEWPORT	
CITY-ST-ZIP	INDIALANTIC-FL 32903	
TITLE	T	☒ Delete
NAME	DUDASH, SARAH	
STREET ADDRESS	1935 CANTERBURY DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	JOE VERVIER	
STREET ADDRESS	1835 CANTERBURY	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VPO	☐ Change ☒ Addition
NAME	NANCY TOWNSEND	
STREET ADDRESS	425 NORMANDY DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Gene Burkett	
STREET ADDRESS	1865 CANTERBURY DR	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	SD	☐ Change ☒ Addition
NAME	Neil Server	
STREET ADDRESS	1860 CANTERBURY DR	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	☐ Change ☒ Addition
NAME	TOM NELSON	
STREET ADDRESS	605 Newport Dr.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	☐ Change ☒ Addition
NAME	KELLY SHAW	
STREET ADDRESS	380 NORMANDY DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 June 2000 321-952-0698

CR2E037 (9/99)