2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90042 026 ****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 US

DO NOT WRITE IN THIS SPACE

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

~~CARDINALE, ANTHONY~~
~~1960 CANTERBURY DR~~
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name Elizabeth Joiner
Street Address (P.O. Box Number is Not Acceptable) 395 Newport Dr.
City Indialantic FL Zip Code 32903

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 X El- [signature] X 1-15-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARDINALE, ANTHONY 1960 CANTERBURY DR INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Nancy Townshend 425 Normandy Dr. Indialantic, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GLASSMAN, JAMES 500 NEWPORT INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Elizabeth Joiner 395 Newport Dr. Indialantic, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUDASH, SARAH 1935 CANTERBURY DR INDIALANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Neal Seaven 1860 Canterbury Dr. Indialantic, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Gene Burkett 1865 Canterbury Dr. Indialantic, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kelly Shave 280 Normandy Dr. Indialantic, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Nelson 605 Newport Dr. Indialantic, FL 32903	☐ Change ☒ Addition

CR2E037 (10/00)

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: X ~~SIGNATURE REQUIRED~~ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-15-01 (321)984-7009
Date Daytime Phone #