

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90026 026 ****61.25

DOCUMENT # N39297

1. Entity Name

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

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

VERVIER, JOSEPH
1835 CANTERBURY DR
INDIALANTIC FL 32903

Name **ANTHONY CARDINALE**

Street Address (P.O. Box Number is Not Acceptable)
1960 CANTERBURY 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anthony Cardinale

ANTHONY CARDINALE

1/31/04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **VERVIER, JOSEPH**
STREET ADDRESS **1835 CANTERBURY DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **President** ☒ Change ☐ Addition
NAME **Anthony Cardinale**
STREET ADDRESS **1960 Canterbury Dr.**
CITY-ST-ZIP **Indialantic, FL. 32903**

TITLE **VPD** ☒ Delete
NAME **CARDINALE, ANTHONY**
STREET ADDRESS **1960 CANTERBURY DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Victor Zuffoletti**
STREET ADDRESS **315 Normandy Dr.**
CITY-ST-ZIP **Indialantic, FL. 32903**

TITLE **T** ☐ Delete
NAME **DEMANKOW, JAMES**
STREET ADDRESS **387 SOUTHAMPTON DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Change ☒ Addition
NAME **Susan Vallette**
STREET ADDRESS **400 Normandy Dr.**
CITY-ST-ZIP **Indialantic, FL. 32903**

TITLE **D** ☒ Delete
NAME **MATWEY, MICHAEL**
STREET ADDRESS **325 NORMANDY DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Change ☒ Addition
NAME **Jacky Salazar**
STREET ADDRESS **600 Newport Dr.**
CITY-ST-ZIP **Indialantic, FL. 32903**

TITLE **D** ☐ Delete
NAME **REMETA, HANNAH**
STREET ADDRESS **345 NORMANDY DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROMANO, ANGELA**
STREET ADDRESS **355 NORMANDY DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anthony Cardinale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

Date

(321) 674-9395

Daytime Phone #