2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90060 010 ****61.25

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01052005 Chg-NP CR2E037 (10/03)

DOCUMENT # N39297

1. Entity Name
THE 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

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

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARDINALE, ANTHONY 1960 CABTERBURY DR. INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZUFFOLETTI, VICTOR 315 NORMANDY DR. INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOLLETTI, SUSAN 400 NORMANDY DR. INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN VALLETTE D. ☒ Change ☐ Addition 400 NORMANDY DR INDIALANTIC, FL. 32903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEMANKOW, JAMES 387 SOUTHHAMPTON DR INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENE BURKETT D. ☐ Change ☒ Addition 1865 CANTERBURY DR. INDIALANTIC, FL. 32903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMETA, HANNAH 345 NORMANDY DR INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOBBIE DEMENKOW S. ☐ Change ☒ Addition 387 SOUTHAMPTON INDIALANTIC, FL. 32903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANO, ANGELA 355 NORMANDY DR INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID BURNS D. ☐ Change ☒ Addition 1730 CANTERBURY DR. 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: Anthony Cardinale ANTHONY CARDINALE 1/9/05 (321) 674-9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #