2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 8:00 am Secretary of State

DOCUMENT # N39297 1. Entity Name THE CLOISTERS HOMEOWNERS ASSOCIATION OF BREVARD, INC.								01-09-2006	5 90032	038 ****6	51.25
Principal Place of Business Mailing Address 1745 N RIVERSIDE DR 1745 N RIVERSIDE DR INDIALANTIC, FL 32903 US INDIALANTIC, FL 3290					5		-				
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042006	Chg-NP	CR2E	037 (11/05)	
City & State			City & State			4. FEI Numbi 59-302	er 6854			pplied For ot Applicable	
Zip	Zip Country		Zip	Zip Co.			5. Certificate	of Status Desired		\$8.75 Ad	ditional
	6. Name	and Address of Curre	nt Registered Agent	<u> </u>	T		7. Name and	Address of New F	Registered	Agent	
					Name,	, 0				<u> </u>	
CARDINALE, ANTHONY 1960 CANTERBURY DR. INDIALANTIC, FL 32903					Street Add	ress (F	foletti O. Box Numb ormondy	er is Not Acceptable			
					City			·		Zip Coo	ie
8. The above named entity submits this statement for the purpose of changing its registered office or regist						<u>∼ 4</u> ~ egistere	ما مبا 'ر ed agent, or bo	th, in the State of Flo	FI orida. I an	- ا 3≥°	303
the obligat	tions of registe	ered agent.							11		•
SIGNATURE	Signature, typed r	or printed name of the lered ago	ent and title it applicable. (N	OTE: Registere	ed Agent signatura	required	when reinstating)		S DATE	6	
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.									•		
	_		1 1				\$5.00 May E Added to Fees			ck payable t artment of S	
10.	_	ay 1, 2006	Trust Fund	d Contribu	tion.		Added to Fees	Flor	rida Depa	artment of S	state
10.	Due by M		DIRECTORS Trust Funi	Contribut	tion.	A	Added to Fees		rida Depa	IRECTORS IN	N 10
TITLE	Due by M	OFFICERS AND	Trust Fund	Contribution 11.	E 1	Pres	Added to Fees	Fton	rida Depa	artment of S	state
· · · · · · · · ·	P CARDINAL	LE, ANTHONY	DIRECTORS Trust Funi	d Contributed 11.	E I	Pres	Added to Fees DDITIONS/CH	ANGES TO OFFICE	rida Depa ERS AND C	IRECTORS IN	N 10
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan voy 5, 2006 (321) 95