

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90105 014 ****61.25

DOCUMENT # N39297

1. Entity Name
**THE 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

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

**ZUFFOLETTI, VICTOR
315 NORMANDY DR
INDIALANTIC, FL 32903**

Name **Blair, John**

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

273 Flanders Drive

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

John H. Blair Jr

President

1-10-2008

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, 2008**

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

TITLE **P** ☒ Delete
NAME **ZUFFOLETTI, VICTOR**
STREET ADDRESS **315 NORMANDY DR**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **D** ☐ Delete
NAME **BURNS, DAVID**
STREET ADDRESS **1730 CONTERBURY DR.**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **D** ☒ Delete
NAME **PIZETTE, SEYMOUR**
STREET ADDRESS **540 NEWPORT DR.**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

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

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

TITLE **S** ☐ Delete
NAME **DEMENKOW, BOBBIE**
STREET ADDRESS **387 SOUTHAMPTON**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Blair, John**
STREET ADDRESS **273 Flanders Drive**
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **VP** ☒ Change ☐ Addition
NAME **Pizette, Seymour**
STREET ADDRESS **540 Newport Drive**
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **D** ☐ Change ☒ Addition
NAME **Stewart, David**
STREET ADDRESS **585 Newport Drive**
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **D** ☐ Change ☒ Addition
NAME **Harvell, Sara**
STREET ADDRESS **342 Flanders Drive**
CITY-ST-ZIP **Indialantic, FL 32903**

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

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 exemptions contained in Chapter 119, 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:

John H. Blair Jr
John H Blair Jr

1-10-2008

321 726-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #