2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39297

FILED Jan 26, 2009 Secretary of State

Entity Name: THE CLOISTERS HOMEOWNERS ASSOCIATION OF BREVARD, INC.

1745 N RI\	Current Principal Place of Business:			New Principal Place of Business:	
	VERSIDE DR TIC, FL 32903	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	VERSIDE DR TIC, FL 32903	US			
FEI Number:	: 59-3026854	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	HN DERS DRIVE TIC, FL 32903	US			
	named entity s e of Florida.	ubmits this statement for the purp	oose of changing i	its registered office or registered agent, or both,	
SIGNATUF					
	Electroni	c Signature of Registered Agent		Date	
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () BLAIR, JOHN 273 FLANDERS INDIALANTIC, FI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BURNS, DAVID 1730 CONTERB INDIALANTIC, FI		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BURNS, DAVID 1730 CANTERBURY DR. INDIALANTIC, FL 32903	
Title: Name: Address: City-St-Zip:	D () PIZETTE, SEYM 540 NEWPORT INDIALANTIC, FI	DR.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition REEDER, PATRICIA 1735 CANTERBURY DR. INDIALANTIC, FL 32903	
Title: Name: Address: City-St-Zip:	T () DEMENKOW, JA 387 SOUTHHAM INDIALANTIC, FI	PTON DR.9	Title: Name: Address: City-St-Zip:	T (X) Change () Addition DEMENKOW, JAMES 387 SOUTHHAMPTON DR. INDIALANTIC, FL 32903	
Title:	٠,	Delete	Title: Name:	VP (X) Change () Addition MCKEEFERY, THOMAS	
Name: Name: Address: City-St-Zip:	STEWART, DAV 585 NEWPORT INDIALANTIC, FI	DRIVE	Address: City-St-Zip:	272 FLANDERS DRIVE INDIALANTIC, FL 32903	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. DEMENKOW T 01/26/2009