2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90140 022 ****61.25

DOCUMENT # N39297

1. Entity Name
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

☐ CHECK HERE IF MAKING CHANGES

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 CONTERBURY DR INDIALANTIC FL 32903	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 Joseph Vervier JOSEPH J. VERVIER 1/5/2003
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

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	PD VERVIER, JOSEPH 1835 CANTERBURY DR INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARDINALE, ANTHONY 1960 CANTERBURY DR INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEMONKEON, JAMES 387 SOUTHAMPTON DR INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DemenKow, James	☐ Change ☐ Addition Spelling correction
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATWEG, MICHAEL 325 MORMANDY DR INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Matweg, Michael	☐ Change ☐ Addition Spelling Correction
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMETA, HANNAH 345 NORMANDY DR INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANO, ANGELA 355 NORMANDY DR INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: James DemenKeon SIGNATURE REQUIRED 1/5/2003 (321) 956-0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #