

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000052839

1. Entity Name

CLOISTERS ON THE BAY, INC.



Principal Place of Business

1200 S ROGERS CIRCLE
STE 11

BOCA RATON, FL 33487 US

Mailing Address

1200 S ROGERS CIRCLE
STE 11

BOCA RATON, FL 33487 US



01192006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0868612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
5355 TOWN CENTER ROAD SUITE 3801
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000412447
02/10/06-80045-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
POPKIN, EDWARD D
5355 TOWN CENTER ROAD SUITE 3801
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALBANESE, LEONARD A
1200 S ROGERS CIRCLE #11
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HOWELL, MICHAEL J
120 W. GLADES RD.
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President/Leonard Albanese 1/19/06 561-994-1375