

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052839

FILED
Mar 02, 2009
Secretary of State

Entity Name: CLOISTERS ON THE BAY, INC.

Current Principal Place of Business:

1200 S ROGERS CIRCLE
STE 11
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1200 S ROGERS CIRCLE
STE 11
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0868612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD D. POPKIN, P.A.
301 YAMATO ROAD #1450
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

EDWARD D. POPKIN, P.A.
6111 BROKEN SOUND PARKWAY NW
#200
BOCA RATON, FL 33487 US

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.

SIGNATURE: EDWARD D. POPKIN

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: POPKIN, EDWARD D
Address: 301 YAMATO RD #1450
City-St-Zip: BOCA RATON, FL 33431

Title: DP () Delete
Name: ALBANESE, LEONARD A
Address: 1200 S ROGERS CIRCLE #11
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DT () Delete
Name: HOWELL, MICHAEL J
Address: 120 W. GLADES RD.
City-St-Zip: BOCA RATON, DL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: POPKIN, EDWARD D
Address: 6111 BROKEN SOUND PARKWAY #200
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD A. ALBANESE

DP

03/02/2009

Electronic Signature of Signing Officer or Director

Date