

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001190

**Entity Name:** CLOISTERS ON THE BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC9667251314**

**Current Principal Place of Business:**

3471 MAIN HWY  
MIAMI, FL 33133

**Current Mailing Address:**

3471 MAIN HIGHWAY  
MGMT OFFICE  
MIAMI, FL 33133 US

**FEI Number: 90-0050740**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE - 11TH FLOOR  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name CASSEL, JAMES  
Address 3471 MAIN HWY., #1136  
City-State-Zip: COCONUT GROVE FL 33133

Title SECRETARY  
Name OLIN, MARLENE  
Address 3471 MAIN HWY., #309  
City-State-Zip: COCONUT GROVE FL 33133

Title P  
Name BENNETT, MICHAEL  
Address 3471 MAIN HWY #206  
City-State-Zip: COCONUT GROVE FL 33133

Title VP  
Name KATZ, ELAINE  
Address 3471 MAIN HWY #727  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name WYROUGH, KATHY  
Address 3471 MAIN HWY #205  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE: MARLENE OLIN**

**SECRETARY**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date