

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39297

FILED
Feb 22, 2017
Secretary of State
CC2592501366**Entity Name:** THE CLOISTERS HOMEOWNERS ASSOCIATION OF BREVARD, INC.**Current Principal Place of Business:**1745 N RIVERSIDE DR
INDIALANTIC, FL 32903**Current Mailing Address:**1745 N RIVERSIDE DR
INDIALANTIC, FL 32903 US**FEI Number: 59-3026854****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LONGSHORE, JULIUS LAZAR
315 NORMANDY DRIVE
INDIALANTIC, FL 32903 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: JULIUS LAZAR LONGSHORE****02/22/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	BURNS, DAVID
Address	1730 CANTERBURY DRIVE
City-State-Zip:	INDIALANTIC FL 32903

Title	PRESIDENT
Name	LONGSHORE, JULIUS LAZAR
Address	315 NORMANDY DRIVE
City-State-Zip:	INDIALANTIC FL 32903

Title	TREASURER
Name	KREBS, DONNA
Address	2000 CANTERBURY DRIVE
City-State-Zip:	INDIALANTIC FL 32903

Title	SECRETARY
Name	MOHN, MICHAEL
Address	340 OCEAN OAKS DRIVE
City-State-Zip:	INDIALANTIC FL 32903

Title	VP
Name	LYNES, CHRISTIE
Address	1720 CANTERBURY DR
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	DEMENKOW, BOBBIE
Address	387 SOUTHAMPTON DR
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	BONWELL, RALPH
Address	1745 N RIVERSIDE DR
City-State-Zip:	INDIALANTIC FL 32903

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: JULIUS LAZAR LONGSHORE**PRESIDENT****02/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date