

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39297

FILED
Mar 11, 2020
Secretary of State
7103901950CC**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: No****Name and Address of Current Registered Agent:**FLAVIN NOONEY & PERSON CPAS
2200 S. BABCOCK STREET
MELBOURNE, FL 32901 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: D S HAYES****03/11/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	BLAIR, JOHN	Name	DEMENKOW, JAMES
Address	273 FLANDERS DRIVE	Address	387 SOUTHAMPTON DRIVE
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	SECRETARY	Title	DIRECTOR
Name	LONG, ROBERT	Name	CITRANI, THOMAS
Address	1880 CANTERBURY DRIVE	Address	1760 CANTERBURY DRIVE
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	DIRECTOR	Title	DIRECTOR
Name	SMEEN, ED	Name	OROS, VALERIU
Address	1620 CANTERBURY DRIVE	Address	362 FLANDERS DRIVE
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	REGISTERED AGENT		
Name	FLAVIN NOONEY & PERSON CPAS		
Address	2200 S. BABCOCK STREET		
City-State-Zip:	MELBOURNE FL 32901		

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: JAMES W. DEMENKOW**TREASURER****03/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date