

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00236 (2)

1. Corporation Name

THE CLUSTERS AT SEMINOLE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10823 SEMINOLE BLVD
SUITE 4
SEMINOLE FL 34648

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SUITE 4
SEMINOLE FL 34648

3. Date Incorporated or Qualified
12/07/1983

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 10825 Seminole Blvd.

23 City & State

27 Suite, Apt. #, etc.

28 LARGO, FL

24 Zip

Country

29 Zip

30 Pinellas

4. FEI Number
59-2394101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS W. KAPPER
10823 SEMINOLE BLVD.
SUITE 3A
LARGO FL 34648

81 Name
THOMAS W. KAPPER

82 Street Address (P.O. Box Number is Not Acceptable)
10825 SEMINOLE BLVD. #1

83

84 City
LARGO

FL

85 Zip Code
34648

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, BROOK	
STREET ADDRESS	10825 SEMINOLE BLVD.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAPPER, THOMAS W.	
STREET ADDRESS	10823 SEMINOLE BLVD #2B	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EDERR, ROBERT S.	
STREET ADDRESS	10823 SEMINOLE BLVD #4	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, CECIELA	
STREET ADDRESS	10823 SEMINOLE BLVD, 3B	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SEAN McQUEENY
5.3 STREET ADDRESS	10833 Seminole Blvd.
5.4 CITY-ST-ZIP	LARGO, FL 34648
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. KAPPER

3-15-96

Date

813-397-1192

Daytime Phone #

CR2E037 (12/95)