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Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

10823 SEMINOLE BLVD
SUITE 4
SEMINOLE FL 34648

Mailing Address

10825 SEMINOLE BLVD
UNIT 1
SEMINOLE FL 33778-3337
US3. Date Incorporated or Qualified
12/07/19833a. Date of Last Report
03/19/19964. FEI Number
59-2394101Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THOMAS W. KAPPER
10825 SEMINOLE BLVD UNIT 1
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
33778

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME MCCORMICK, BROOK
STREET ADDRESS 10825 SEMINOLE BLVD.
CITY- ST- ZIP SEMINOLE FLTITLE SD ☐ DELETENAME KAPPER, THOMAS W.
STREET ADDRESS 10823 SEMINOLE BLVD #2B
CITY- ST- ZIP SEMINOLE FLTITLE V ☐ DELETENAME EDERR, ROBERT S.
STREET ADDRESS 10823 SEMINOLE BLVD #4
CITY- ST- ZIP SEMINOLE FLTITLE D ☐ DELETENAME TUCKER, CECIELA
STREET ADDRESS 10823 SEMINOLE BLVD, 3B
CITY- ST- ZIP SEMINOLE FLTITLE D ☐ DELETENAME MCQUEENEY, SEAN
STREET ADDRESS 10833 SEMINOLE BLVD
CITY- ST- ZIP LARGO FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052002

CR2E037 (9/96)

THOMAS W. KAPPER 4/3/97 813-397-182