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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00236

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 34648
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/07/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2394101	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

THOMAS W. KAPPER
 10825 SEMINOLE BLVD UNIT 1
 LARGO FL 33778

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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	MCCORMICK, BROOK	1.2 NAME	MARZI, JOAN
STREET ADDRESS	10825 SEMINOLE BLVD.	1.3 STREET ADDRESS	10825 Seminole BLVD.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	LARGO, FL 33778
TITLE	SD	2.1 TITLE	D
NAME	KAPPER, THOMAS W.	2.2 NAME	KAPPER, THOMAS W.
STREET ADDRESS	10823 SEMINOLE BLVD #2B	2.3 STREET ADDRESS	10825 Seminole BLVD. #1
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	LARGO, FL 33778
TITLE	V	3.1 TITLE	
NAME	EDERR, ROBERT S.	3.2 NAME	
STREET ADDRESS	10823 SEMINOLE BLVD #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PD
NAME	TUCKER, CECILIA	4.2 NAME	TUCKER, CECILIA
STREET ADDRESS	10823 SEMINOLE BLVD, 3B	4.3 STREET ADDRESS	10823 Seminole BLVD.
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	LARGO, FL 33778
TITLE	D	5.1 TITLE	
NAME	MCQUEENEY, SEAN	5.2 NAME	
STREET ADDRESS	10833 SEMINOLE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	EDEN, WILLIAM	6.2 NAME	
STREET ADDRESS	10825 SEMINOLE BLVD #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33778	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

727-392-1192

Date

Daytime Phone #

CR2E037 (4/1/98)