

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00236

**Entity Name:** THE CLUSTERS AT SEMINOLE ASSOCIATION, INC.

**Current Principal Place of Business:**

10825 SEMINOLE BLVD  
SUITE 1  
SEMINOLE, FL 33778

**Current Mailing Address:**

10825 SEMINOLE BLVD  
UNIT 1  
SEMINOLE, FL 33778 US

**FEI Number:** 59-2394101

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVPT  
Name KAPPER, THOMAS W.  
Address 10825 SEMINOLE BLVD., #1  
City-State-Zip: LARGO FL 33778

Title SECRETARY  
Name HALL, SANDRA  
Address 10825 SEMINOLE BLVD. 2A  
City-State-Zip: LARGO FL 33778

Title TREASURER  
Name POOLE, BRIAN  
Address 10823 SEMINOLE BLVD. 4AB  
City-State-Zip: LARGO FL 33778

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:** BRIAN POOLE

**TREASURER**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date