2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754759

FILED Feb 17, 2009 Secretary of State

Entity Name: THE CLUSTERS AT OAKHURST ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9170 OAKHURST ROAD SUITE 3A SEMINOLE, FL 33776 **New Mailing Address: Current Mailing Address:** 9170 OAKHURST ROAD SUITE 3A SEMINOLE, FL 33776 US FEI Number: 59-2051555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHANNON, JACQUELYN M SHANNON, JACQUELYN M 9160 OAKHURST RD STE 3 9160 OAKHURST RD SEMINOLE, FL 33776 SUITE 3 SEMINOLE, FL 33776 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: 02/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Change () Addition () Delete THIEMANN, GINA Name: Name: 9170 OAKHURST RD, SUITE 3 Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: () Delete Title: () Change () Addition KINZLER, WILLIAM J Name: Name: Address: 9190 OAKHURST RD. SUITE 2A Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARE, GINA SHIPLEY, MARIE Name: Name: 9170 OAKHURST ROAD STE 5 9170 OAKHURST ROAD STE 5 Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: SEMINOLE, FL 33776 Title: DT () Delete Title: DVP (X) Change () Addition Name: SHIPLEY, MARIE Name: DAY, PHILLIP 9170 OAKHURST RD, SUITE 5 9180 OAKHURST RD, SUITE 3 Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: SEMINOLE, FL 33776 Title: () Delete Title: (X) Change () Addition SHANNON, JACQUELYN M SHANNON, JACQUELYN M Name: Name: 9170 OAKHURST ROAD SUITE 3 9160 OAKHURST ROAD SUITE 3 Address: Address: SEMINOLE, FL 33776 City-St-Zip: SEMINOLE, FL 33776 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACQUELYN M. SHANNON PRES 02/17/2009