


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00236</b>	
1. Entity Name <b>THE CLUSTERS AT SEMINOLE ASSOCIATION, INC.</b>	

Principal Place of Business <b>10823 SEMINOLE BLVD SUITE 4 SEMINOLE, FL 34648</b>	Mailing Address <b>10825 SEMINOLE BLVD UNIT 1 SEMINOLE, FL 34648 US</b>
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03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2394101</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>THOMAS W. KAPPER 10825 SEMINOLE BLVD UNIT 1 LARGO, FL 33778</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>04/15/08-80034-009 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARZI, JOAN 10825 SEMINOLE BLVD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAPPER, THOMAS W. 10825 SEMINOLE BLVD., #1 LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SANDY 10823 SEMINOLE BLVD. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, CECIELA 10823 SEMINOLE BLVD. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POOLE, BRIAN 10823 SEMINOLE BLVD. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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<b>SIGNATURE:</b> 	<b>THOMAS W. Kapper</b> 3/31/08 727-3974192
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>