

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00236

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE CLUSTERS AT SEMINOLE ASSOCIATION, INC.

Current Principal Place of Business:

10823 SEMINOLE BLVD
SUITE 4
SEMINOLE, FL 34648

New Principal Place of Business:

Current Mailing Address:

10825 SEMINOLE BLVD
UNIT 1
SEMINOLE, FL 34648 US

New Mailing Address:

FEI Number: 59-2394101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD (X) Delete
Name: MARZI, JOAN
Address: 10825 SEMINOLE BLVD
City-St-Zip: LARGO, FL 33778

Title: DT () Delete
Name: KAPPER, THOMAS W.
Address: 10825 SEMINOLE BLVD., #1
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: HALL, SANDY
Address: 10823 SEMINOLE BLVD.
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: TUCKER, CECIELA
Address: 10823 SEMINOLE BLVD.
City-St-Zip: LARGO, FL 33778

Title: DP () Delete
Name: POOLE, BRIAN
Address: 10823 SEMINOLE BLVD.
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: TUCKER, CECIELA
Address: 10823 SEMINOLE BLVD.
City-St-Zip: LARGO, FL 33778

Title: () Change () Addition
Name:
Address:
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: BRIAN POOLE

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date