

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00236

FILED  
Apr 13, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10823 SEMINOLE BLVD  
SUITE 1  
SEMINOLE, FL 33778

**New Principal Place of Business:**

10825 SEMINOLE BLVD  
SUITE 1  
SEMINOLE, FL 33778

**Current Mailing Address:**

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

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

Title: DS  
Name: TUCKER, CECIELA  
Address: 10823 SEMINOLE BLVD.  
City-St-Zip: LARGO, FL 33778

Title: DP  
Name: POOLE, BRIAN  
Address: 10823 SEMINOLE BLVD.  
City-St-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

DP

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date