

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00854

FILED
Jan 05, 2007
Secretary of State

Entity Name: CLUSTERS AT CARROLLWOOD SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 340673
TAMPA, FL 336940673 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 340673
TAMPA, FL 336940673 US

New Mailing Address:

FEI Number: 59-2380835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE FURIO, JAMES PA
101 E. KENNEDY BLVD., STE 1030
TAMPA, FL 33602 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: VD () Delete
Name: HARVEY, GERALD
Address: 4048 SHORESIDE CIR.
City-St-Zip: TAMPA, FL 33624 US

Title: D () Delete
Name: WAWRZNIAC, CHARLES
Address: 3904 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624 US

Title: PD () Delete
Name: MEYER, STEVE M.
Address: 3806 SHORESIDE CIR
City-St-Zip: TAMPA, FL 33624 US

Title: SD () Delete
Name: SMITH, JOAN
Address: 3963 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624 US

Title: TREA () Delete
Name: STARKEY, BERNARD F MR.
Address: 4008 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNARD F. STARKEY

TREA

01/05/2007

Electronic Signature of Signing Officer or Director

Date