

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00854

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

3806 SHORESIDE CIRCLE
TAMPA, FL 33624 US

New Principal Place of Business:

4008 SHORESIDE CIRCLE
TAMPA, FL 33624 US

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: BURKE, MARTHA MS>
Address: 3943 SHORESIDE CIR.
City-St-Zip: TAMPA, FL 33624 US

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

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

Title: SD () Delete
Name: SMITH, JOAN MS.
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: PD (X) Change () Addition
Name: BURKE, MARTHA MS>
Address: 3943 SHORESIDE CIR.
City-St-Zip: TAMPA, FL 33624 US

Title: D (X) Change () Addition
Name: WAWRZYNIAC, CHARLES MR.
Address: 3904 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624 US

Title: D (X) Change () Addition
Name: HARVEY, GERALD MR.
Address: 4048 SHORESIDE CIR
City-St-Zip: TAMPA, FL 33624 US

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 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

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date