

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04458

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: CLUSTER HOMES I CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

## New Principal Place of Business:

## Current Mailing Address:

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

## New Mailing Address:

4585 140TH AVE NORTH  
SUITE 1012  
CLEARWATER, FL 33762 US

FEI Number: 59-2454549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 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: P/D ( ) Delete  
Name: CONTRERAS, SANDRA  
Address: 4852 NAPOLI LN  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VPD1 ( ) Delete  
Name: POLIN, GARY  
Address: 598 ANDORRA CR NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: S/D ( ) Delete  
Name: DESTEPHANO, PHIL  
Address: 550 ANDONA CR NE  
City-St-Zip: ST PETERSBURG, FL 33702

Title: T/D ( ) Delete  
Name: TRUDELL, BETTY  
Address: 578 ANDORRA CR NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: BRASSARD, IRENE  
Address: 578 ANDORRA CR NE  
City-St-Zip: ST. PETERSBURG, FL 33702

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONTRERAS, SANDRA  
Address: 4852 NAPOLI LN  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP (X) Change ( ) Addition  
Name: BACKER, WILLIAM  
Address: 598 ANDORRA CR NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D (X) Change ( ) Addition  
Name: KOENIG, CHRIS  
Address: 4544 NAPOLI CT NE  
City-St-Zip: ST PETERSBURG, FL 33703

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: SANDRA CONTRERAS

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date