

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N11776 1. Entity Name CLUSTERS ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O BISHOP, CHARLES, D 1502 BUCKEYE RD N.E. APT. 2 WINTER HAVEN, FL 33881 US		Mailing Address C/O BISHOP, CHARLES, D 1502 BUCKEYE RD., N.E., APT 2 WINTER HAVEN, FL 33881 US	
DO NOT WRITE IN THIS SPACE			
		01292005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2646277	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, CHARLES D 1502 BUCKEYE RD., N.E. APT 2 WINTER HAVEN, FL 33881		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000224140 02/10/05-80070-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HUFF, NANCY 1502 BUCKEYE RD., N.E. APT 1 WINTER HAVEN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, WILLIAM A. 1502 BUCKEYE RD., N.E. #5 WINTER HAVEN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BISHOP, CHARLES D 1502 BUCKEYE RD., N.E. #2 WINTER HAVEN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Charles D. Bishop</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-7-05 863-293-7739 Date Daytime Phone	