

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 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



02102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2646277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HUFF, NANCY
STREET ADDRESS	1502 BUCKEYE RD., N.E. APT 1
CITY - ST - ZIP	WINTER HAVEN, FL

TITLE	VD
NAME	BELL, WILLIAM A.
STREET ADDRESS	1502 BUCKEYE RD., N.E. #5
CITY - ST - ZIP	WINTER HAVEN, FL

TITLE	STD
NAME	BISHOP, CHARLES D
STREET ADDRESS	1502 BUCKEYE RD., N.E. #2
CITY - ST - ZIP	WINTER HAVEN, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/15/06 80057-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Charles D. Bishop (Charles D. Bishop) 3-1-06 863 2937739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #