


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 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
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-NP CR2E037 (4/06)

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000670079
03/27/07-80098-008 61.25

10. OFFICERS AND DIRECTORS	
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	

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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 **3/13/07** **863-293-7729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #