

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11776

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** CLUSTERS ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BISHOP, CHARLES, D  
1502 BUCKEYE RD N.E. APT. 2  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BISHOP, CHARLES, D  
1502 BUCKEYE RD., N.E., APT 2  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

FEI Number: 59-2652455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISHOP, CHARLES D  
1502 BUCKEYE RD., N.E.  
APT 2  
WINTER HAVEN, FL 33881 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: PCD  
Name: HUFF, NANCY  
Address: 1502 BUCKEYE RD., N.E. APT 1  
City-St-Zip: WINTER HAVEN, FL

Title: VD  
Name: BELL, WILLIAM A.  
Address: 1502 BUCKEYE RD., N.E. #5  
City-St-Zip: WINTER HAVEN, FL

Title: STD  
Name: BISHOP, CHARLES D  
Address: 1502 BUCKEYE RD., N.E. #2  
City-St-Zip: WINTER HAVEN, FL

I hereby 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 all other like empowered.

SIGNATURE: CHARLES BISHOP

STD

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date