2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **N26350** 1. Entity Name CLUSTER HOMES II CONDOMINIUM ASSOCIATION, INC. 04-19-2000 90002 015 ****61.25 Mailing Address Principal Place of Business 1110 PINELLAS BAYWAY 104 1110 PINELLAS BAYWAY 104 TIERRA VERDE FL 33715-1506 TIERRA VERDE FL 33715 F0009198 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2900866 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Ni LEIGHTON, LENNAAD-A-C/O SERBOARD ARBORS MANAGEMENT St LEIGHTON, LENNARD A 2189 CLEUELAND ST. STE. 225 1700 MCMULLEN BOOTH RD CLERRWATER FL 33765 SUITE 6-3 CLEARWATER FL 33750 anging its registered office or registered agent, or both, in the state of Florida. 8. The above named entity sy this statement for the purpose of SIGNATURE Signature, type legistered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Change ☐ Delete TITLÉ TITLE $\mathcal{L}^{\mathsf{QV}}$ NAME VALENTINE, HOWARD NAME WEISS, JACK STREET ADDRESS 655 MALTA COURT NE STREET ADDRESS 667 MALTA CT., N.E. CITY-ST-7IP CITY-ST-ZIP ST, PETERSBURG FL 33703 ST. PETERSBURG FL Change Addition Delete TITLE vpd TITLE RITTENBERRY, KATHERINE NAME LOVERIDGE, ROGER NAME 633 SEGOVIA COURT NE STREET ADDRESS STREET ADDRESS 613 SEGOVIA CT. NE CITY-ST-ZIP ST. PETERSBURG FL 38703 CITY-ST-ZIP ST. PETERSBURG FL TITLE SD. Delete TITLE Change ___ Addition= NAME WARREN, JANE NAME STREET ADDRESS STREET ADDRESS **679 MALTA COURT NE** CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

1-5-00 (727) 525-8800