

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90138 005 ****61.25

0042558

DOCUMENT # N26350

1. Entity Name

CLUSTER HOMES II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

~~1140 PINELLAS BAYWAY 104~~
~~TERRA VERDE FL 33715~~
~~US~~

Mailing Address

~~1140 PINELLAS BAYWAY 104~~
~~TERRA VERDE FL 33715~~
~~US~~

2. Principal Place of Business

2189 Cleveland St.
 Suite, Apt. #, etc.
225

3. Mailing Address

2189 Cleveland St.
 Suite, Apt. #, etc.
225

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

U.S.

Zip

33765

Country

U.S.

4. FEI Number

59-2900866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **VALENTINE, HOWARD**
 STREET ADDRESS **667 MALTA CT., N.E.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **TD** ☒ Delete
 NAME **RITTENBERRY, KATHERINE**
 STREET ADDRESS **633 SEGOVIA COURT NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **SD** ☐ Delete
 NAME **WARREN, JANE**
 STREET ADDRESS **679 MALTA COURT NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **VPD** ☐ Delete
 NAME **WEISS, JACK**
 STREET ADDRESS **655 MALTA COURT NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **STD Warren, Jane**
 STREET ADDRESS **679 Malta Court N.E.**
 CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D Delk, William**
 STREET ADDRESS **601 Segovia Court N.E.**
 CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Change ☐ Addition
 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:

Signature Required

1-17-02 (7M) 525-8800

CR2E037 (9/01)