

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 014 ****61.25

DOCUMENT # N26350 1. Entity Name CLUSTER HOMES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SEABOARD ARBORS MGT SVCS INC 2189 CLEVELAND ST, STE 225 CLEARWATER FL 33765 US			Mailing Address SEABOARD ARBORS MGT SVCS INC 2189 CLEVELAND ST, STE 225 CLEARWATER FL 33765 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2900866	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGHTON, LEN C/O SEABOARD ARBORS MANAGEMENT SVCS, INC 2189 CLEVELAND STREET, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSINGIL, VALERIE 609 SEGOVIA COURT NE SAINT PETERSBURG FL 33703	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, JANE 679 MALTA COURT NE SAINT PETERSBURG FL 33703	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELK, BILL 601 SEGOVIA COURT NE SAINT PETERSBURG FL 33703	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, CALVIN 673 SEGOVIA CT NE SAINT PETERSBURG FL 33703	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RITTENBERRY, KATHY 633 SEGOVIA COURT NE SAINT PETERSBURG FL 33703	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATCHLEY, BILL 649 SEGOVIA CT NE SAINT PETERSBURG FL 33703	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jane Warren* *Jane Warren* *02.01.06 727.643.1356*