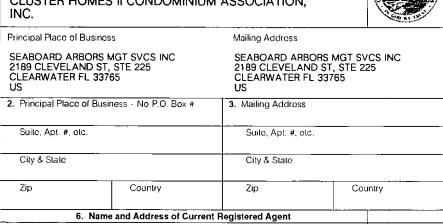
2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N26350

CLUSTER HOMES II CONDOMINIUM ASSOCIATION.



FILED Mar 02, 2007 8:00 am **Secretary of State**

03-02-2007 90022 026 ****61.25



1st MOORE CR2E037 (10/06) 4. FEI Number Applied For 59-2900866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name LEIGHTON, LEN Street Address (P.O. Box Number is Not Acceptable) C/O SEABOARD ARBORS MANAGEMENT SVCS, INC 2189 CLEVELAND STREET, STE 225 CLEARWATER FL 33765 City 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 reinstating) DAIL FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 🗷 Delete 11114 THE Change Addition NAMI MASSINGIL, VALERIE NAMI STREET ADDRESS STREET ADDRESS 609 SEGOVIA COURT NE CITY - ST - ZIP SAINT PETERSBURG FL 33703 CITY ST ZIP ☐ Delete THE Change ■ Addition NAMI WARREN, JANE NAMÍ STREET ADDRESS STREET ADDRESS 679 MALTA COURT NE CHY ST 7IP SAINT PETERSBURG FL 33703 CITY ST 7IP 1003 Delete THE ☐ Change ☐ Addition TD NAME NAMI DELK, BILL STREET ADDRESS 601 SEGOVIA COURT NE STREET ADDRESS CDY ST-7IP CHY ST 7P SAINT PETERSBURG FL 33703 DIH TD Delete Change ■ Addition NAME NAMI YOUNG, CALVIN STREET ADDRESS 673 SEGOVIA CT NE STREET ADDRESS CHY-SI-7IP CHY ST ZIP SAINT PETERSBURG FL 33703 HHE VD Delete ■ Addition TITE ☐ Change ATCHLEY, BILL NAMI NAMI STREET ADDRESS 649 SEGOVIA CT NE STREET ADDRESS CITY - ST - 7IP SAINT PETERSBURG FL 33703 CITY ST ZIP THILE ☐ Defete TITLE Change ☐ Addition NAMI NAME STREET ADORESS STREET ADDRESS

12. I hereby cortify 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 eath; that I am an officer or director of the corporation or the receiver or fursice 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.

CITY-ST-ZIP

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CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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