2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N26350

Entity Name: CLUSTER HOMES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SEABOARD ARBORS MGT SVCS INC
2189 CLEVELAND ST, STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

SEABOARD ARBORS MGT SVCS INC
2189 CLEVELAND ST, STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2900866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGHTON, LEN
C/O SEABOARD ARBORS MANAGEMENT SVCS, INC
2189 CLEVELAND STREET, STE 225
CLEARWATER, FL 33765 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: SD ( ) Delete
Name: RUSCHE, TOM
Address: 637 SEGOVIA COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD ( ) Delete
Name: WARREN, JANE
Address: 679 MALTA COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD ( ) Delete
Name: DELK, BILL
Address: 601 SEGOVIA COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD ( ) Delete
Name: LINDENMEYER, PAM
Address: 663 SEGOVIA CT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VD ( ) Delete
Name: ATCHLEY, BILL
Address: 649 SEGOVIA CT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: RUSCHE, TOM
Address: 641 SEGOVIA COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T2D (X) Change ( ) Addition
Name: DELK, BILL
Address: 601 SEGOVIA COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD (X) Change ( ) Addition
Name: LINDENMEYER, PAM
Address: 663 SEGOVIA CT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE WARREN PD 01/06/2009
Electronic Signature of Signing Officer or Director Date