2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26350

FILED Apr 14, 2011 Secretary of State

Entity Name: CLUSTER HOMES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SEABOARD ARBORS MGT SVCS INC 2180 WEST SR 434 2189 CLEVELAND ST, STE 225 STUITE 5000

CLEARWATER, FL 33765 US LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

SEABOARD ARBORS MGT SVCS INC 2180 WEST SR 434 2189 CLEVELAND ST, STE 225 STUITE 5000

CLEARWATER, FL 33765 US LONGWOOD, FL 32779 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEIGHTON, LEN
C/O SEABOARD ARBORS MANAGEMENT SVCS, INC
2189 CLEVELAND STREET STE 225

2189 CLEVELAND STREET, STE 225 CLEARWATER, FL 33765 US

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.

HART, JAMES W JR SENTRY MANAGEMENT INC

2180 WEST SR 434 STE 5000

LONGWOOD, FL 32779 US

SIGNATURE: JAMES W HART JR 04/14/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: WARREN, JANE

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: VPD

Name: ATCHLEY, BILL

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: TD

Name: RUSCHE, TOM

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: TD2 Name: DELK, BILL

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title:

 Name:
 MASSINGIL, VALERIE

 Address:
 2180 WEST SR 434 STE 5000

 City-St-Zip:
 LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: JANE WARREN PD 04/14/2011