FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725251 (3)

1. Corporation Name
THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
880 N. E. 69TH STREET MIAMI FL 33138	880 N. E. 69TH STREET MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1973
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1481556 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIROTTA, SUSAN
880 NE 69TH ST
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name: SIROTTA, SUSAN
82 Street Address (P.O. Box Number is Not Acceptable): 1771 CLEVELAND ROAD
83
84 City: MIAMI BEACH FL 85 Zip Code: 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	GREICO, JACK	1.2 NAME	LEONORE HOFFNER	
STREET ADDRESS	1251 NE 94TH ST	1.3 STREET ADDRESS	880 N.E. 69th Street	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIROTTA, SUSAN	2.2 NAME	SIROTTA, SUSAN	
STREET ADDRESS	880 NE 69TH ST	2.3 STREET ADDRESS	1771 CLEVELAND, ROAD	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI Beach, FL 33141	
TITLE	SD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CHITTUM, LIZ	3.2 NAME	JUDY MARLIN	
STREET ADDRESS	880 NE 69TH ST	3.3 STREET ADDRESS	880 N.E. 69 th STREET	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSENTHAL, BRUCE	4.2 NAME	KATHERINE SCHEMEL	
STREET ADDRESS	880 NE 69TH ST	4.3 STREET ADDRESS	880 N.E. 69th Street	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, ELIZABETH	5.2 NAME		
STREET ADDRESS	774 NE 71ST ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	JORRIN, SILVIA	6.2 NAME	JORRIN, SILVIA	
STREET ADDRESS	880 NE 69TH ST	6.3 STREET ADDRESS	106 ROMAND AVE	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ _____ 1/26/95 305-754-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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