

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **01/10/1973** 3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1481556		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIROTTA, SUSAN 1771 CLEVELAND ROAD MIAMI BEACH FL 33141				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREICO, JACK	1.2 NAME	
STREET ADDRESS	1251 NE 94TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTTA, SUSAN	2.2 NAME	
STREET ADDRESS	1771 CLEVELAND RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITTUM, LIZ	3.2 NAME	
STREET ADDRESS	880 NE 69TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, BRUCE	4.2 NAME	
STREET ADDRESS	880 NE 69TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORRIN, SILVIA	6.2 NAME	
STREET ADDRESS	106 ROMAND AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	6.4 CITY - ST - ZIP	

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)(k), 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: *Susan Sirotta* SUSAN SIROTTA 1/16/96 754-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

the clipper

January 17, 1996

Please include the following names as Directors at the Clipper Condominium Association

TD

Leonore Hoffner
880 N.E. 69th Street
Miami Fl 33138

D

Katherine Schemel D
880 N.E. 69th Street
Miami Fl 33138

D

Judy Marlin D
880 N.E. 69th Street
Miami Fl 33138

on the bay

880 Northeast 69th Street, Miami, Florida 33138
Telephone: 754-5411 Fax: 754-9666