

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33138-5780**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1973		3a. Date of Last Report 01/25/1996	
21		26		4. FEI Number 59-1481556		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		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**

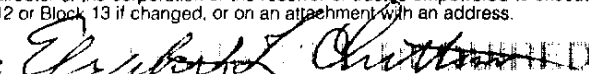
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 checked="" type="checkbox"/> Addition
NAME	GREICO, JACK	1.2 NAME	Hoffner, Leonore
STREET ADDRESS	1251 NE 84TH ST	1.3 STREET ADDRESS	880 N.E. 69th Street
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	Miami Florida 33138
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIROTTA, SUSAN	2.2 NAME	Dehemel Catherine
STREET ADDRESS	1771 CLEVELAND RD	2.3 STREET ADDRESS	2750 N.E. 183rd St T509
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	Aventura, FL 33160
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHITTUM, LIZ	3.2 NAME	Marlin, Judy
STREET ADDRESS	880 NE 69TH ST	3.3 STREET ADDRESS	880 NE 69th Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33138
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 305-754-5411
Date Daytime Phone # 0028391

CR2E037 (9/96)