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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

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

3. Date Incorporated or Qualified
01/10/1973

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1481556

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 DELETE
NAME GREICO, JACK
STREET ADDRESS 1251 NE 84TH ST
CITY-ST-ZIP MIAMI SHORES FL

1.1 TITLE T Change Addition
1.2 NAME Hoffner, Renore
1.3 STREET ADDRESS 880 N.E. 69th Street
1.4 CITY-ST-ZIP Miami Florida 33138

TITLE PD DELETE
NAME SIROTTA, SUSAN
STREET ADDRESS 1771 CLEVELAND RD
CITY-ST-ZIP MIAMI BEACH FL 33141

2.1 TITLE P Change Addition
2.2 NAME Schemel Catherine
2.3 STREET ADDRESS 2750 N.E. 183rd St T 509
2.4 CITY-ST-ZIP Aventura, FL 33160

TITLE SD DELETE
NAME CHITTUM, LIZ
STREET ADDRESS 880 NE 69TH ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE D Change Addition
3.2 NAME Martin, Judy
3.3 STREET ADDRESS 880 NE 69th Street
3.4 CITY-ST-ZIP Miami FL 33138

TITLE D DELETE
NAME ROSENTHAL, BRUCE
STREET ADDRESS 880 NE 69TH ST
CITY-ST-ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BARNES, ELIZABETH
STREET ADDRESS 774 NE 71ST ST
CITY-ST-ZIP MIAMI SHORES FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME JORRIN, SILVIA
STREET ADDRESS 106 ROMAND AVE
CITY-ST-ZIP CORAL GABLES FL 33134

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: Elizabeth Chittum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

305-754-5411
Daytime Phone # 0028391

CR2E037 (9/96)