

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 880 N. E. 69TH STREET MIAMI FL 33138	Mailing Address 880 N. E. 69TH STREET MIAMI FL 33138
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3. Date Incorporated or Qualified 01/10/1973
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4. FEI Number 59-1481556	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SIROTTA, SUSAN 1771 CLEVELAND ROAD MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent 81 Name ELIZABETH CHITTUM 82 Street Address (P.O. Box Number is Not Acceptable) 880 NE 69th Street 83 84 City MIAMI FL 85 Zip Code 33138
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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 *Elizabeth L. Chittum* **ELIZABETH L. CHITTUM** **2/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VD GREICO, JACK
STREET ADDRESS	1251 NE 94TH ST
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD SIROTTA, SUSAN
STREET ADDRESS	1771 CLEVELAND RD
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> DELETE
NAME	SD CHITTUM, LIZ
STREET ADDRESS	880 NE 69TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSENTHAL, BRUCE
STREET ADDRESS	880 NE 69TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BARNES, ELIZABETH
STREET ADDRESS	774 NE 71ST ST
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JORRIN, SILVIA
STREET ADDRESS	106 ROMAND AVE
CITY-ST-ZIP	CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D MARK BRYN
1.3 STREET ADDRESS	9120 WEST BAY HARBOR DR
1.4 CITY-ST-ZIP	BAY HARBOR FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D URSULA DAVIDSON
2.3 STREET ADDRESS	880 NE 69th STREET
2.4 CITY-ST-ZIP	MIAMI, FL 33138
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD ELIZABETH CHITTUM
3.3 STREET ADDRESS	880 NE 69th Street
3.4 CITY-ST-ZIP	MIAMI FL 33138
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D GUDY MARLIN
4.3 STREET ADDRESS	880 NE 69th ST
4.4 CITY-ST-ZIP	MIAMI, FL 33138
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD BARNES ELIZABETH
5.3 STREET ADDRESS	880 NE 69th Street
5.4 CITY-ST-ZIP	MIAMI FL 33138
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D SILVIA JORRIN
6.3 STREET ADDRESS	1627 BRICKELL AVE
6.4 CITY-ST-ZIP	MIAMI FL 33129

14. I hereby certify that the information supplied with this filing 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: *Elizabeth L. Chittum* **2/21/98** **305-754-5411**

CR2E037 (1097)

•Additions to #12 & #13
Clipper Condominium Association

DT- Leonore Hoffner 880 NE 69th Street Miami Fl 33138