


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90116 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 725251 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	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/10/1973
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1481556
24 Country	29 Country	Applied For
	30	Not Applicable
		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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHITTUM, ELIZABETH 880 NE 69TH ST MIAMI FL 33138				81 Name	BRYN, MARK		
				82 Street Address (P.O. Box Number is Not Acceptable)	880 N.E. 69th Street		
				83			
				84 City	MIAMI	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]* **MARK J BRYN-Pres** 1/19/99 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREICO, JACK	1.2 NAME	HOFFNER, LEONORE
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	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYN, MARK	2.2 NAME	BRYN, MARK
STREET ADDRESS	9120 W BAY HARBOR DR	2.3 STREET ADDRESS	9120 W. BAY Harbor DR
CITY-ST-ZIP	BAY HARBOR FL 33154	2.4 CITY-ST-ZIP	BAY HARBOR FL 33154
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITTUM, ELIZABETH	3.2 NAME	CHITTUM, ELIZABETH
STREET ADDRESS	880 NE 69TH ST	3.3 STREET ADDRESS	880 N.E. 69th ST
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENTHAL, BRUCE	4.2 NAME	FOSMOEN RICHARD
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	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, ELIZABETH	5.2 NAME	MARLIN, JUDY
STREET ADDRESS	880 NE 69TH ST	5.3 STREET ADDRESS	880 NE 69th Street
CITY-ST-ZIP	MIAMI FL 33138	5.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	JORRIN, SILVIA	6.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED MARK J BRYN 1/19/99 305-754-5411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)