

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90099 009 ****61.25

DOCUMENT # 725251

1. Entity Name

THE CLIPPER CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 880 N. E. 69TH STREET MIAMI FL 33138 | Mailing Address 880 N. E. 69TH STREET MIAMI FL 33138-5760 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-1481556 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

~~BRYN, MARK~~
~~880 NE 69TH ST~~
~~MIAMI FL 33138~~

7. Name and Address of New Registered Agent

Name: **MARK BRYN Joseph H. Ganzuzza**
 Street Address (P.O. Box Number is Not Acceptable): **South Brickell Blvd Suite 3599**
HYMAN & KAPLAN P.A. 150 W. Flagler St. S. 2701
 City: **Miami** FL Zip Code: **33130**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: DATE: **1/27/00**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GREICO, JACK | |
| STREET ADDRESS | 1251 NE 94TH ST | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BRYN, MARK | |
| STREET ADDRESS | 9120 W BAY HARBOR DR | |
| CITY-ST-ZIP | BAY HARBOR FL 33154 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CHITUM, ELIZABETH | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROSENTHAL, BRUCE | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BARNES, ELIZABETH | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JORRIN, SILVIA | |
| STREET ADDRESS | 1627 BRICKELL AVE | |
| CITY-ST-ZIP | MIAMI FL 33129 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARLIN, JUDY | |
| STREET ADDRESS | 880 NE 69TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOFFNER, LEONORE | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FOESMAN, RICHARD | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED MARK I BRYN-President** DATE: **1/27/00** DAYTIME PHONE #: **305-754-5411**

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

CR2E037 (9/99)