2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90066 030 ****61.25

DOCUMENT # 725251

1. Entity 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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1481556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GANGUZZA, JOSEPH H 150 W. FLAGLER ST. 5-2701 MIAMI FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREICO, JACK 1251 NE 94TH ST MIAMI SHORES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK TOPLEY 880 NE 69th Street Miami FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRYN, MARK 9120 W BAY HARBOR DR BAY HARBOR FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Fadili Nuttal 880 NE 69th Street Miami FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHITTUM, ELIZABETH 880 NE 69TH ST MIAMI FL 33138	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENE ARSAN 880 NE 69th Street Miami FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFNER, LEONORE 880 NE 69TH ST MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rosemary Fisher 880 NE 69th Street Miami FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASNER, ELIZABETH 880 NE 69TH STREET MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORRIN, SILVIA 1627 BRICKELL AVE MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: L Hoffner LEONORE HOFFNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #