

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744480** (5)

1. Corporation Name

STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:18

Principal Place of Business
400 ISLAND WAY
CLEARWATER FL 34630

Mailing Address
400 ISLAND WAY
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1978

3a. Date of Last Report
01/21/1994

4. FEI Number
59-1852193

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

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

2. Principal Place of Business
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23
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2a. Mailing Address
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES
4131 GUNN HWY.
TAMPA FL 33624**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	P	<i>DEVOL</i>
NAME	DEVOL, KENNETH	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<i>MOZELLEWSKI</i>
NAME	MOZELLEWSKI, HENRY	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<i>S. BRUNO</i>
NAME	BRUNO, SALVATORE	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	
NAME	HENDERSON, WAYNE	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<i>O'CONNELL</i>
NAME	O'CONNELL, GORDON	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<i>TRIHODA</i>
NAME	TRIHODA, RONALD	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the attachment with an address.

SIGNATURE: *Kenneth L. Devol* (PRES.) **KENNETH L. DEVOL** 1/17/95 446-6014