

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744480 (5)

1. Corporation Name
STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**400 ISLAND WAY
CLEARWATER FL 34630**

Mailing Address
**400 ISLAND WAY
CLEARWATER FL 34630**

3. Date Incorporated or Qualified
10/04/1978

3a. Date of Last Report
01/24/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-1852193	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	29	Country			
30						

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEVOL, KENNETH	
STREET ADDRESS	400 ISLAND WAY CLEARWATER FL	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	MODZELEWSKI, HENRY	
STREET ADDRESS	400 ISLAND WAY CLEARWATER FL	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRUNO, SALVATORE J.	
STREET ADDRESS	400 ISLAND WAY CLEARWATER FL	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNEL, MARCY	
STREET ADDRESS	400 ISLAND WAY CLEARWATER FL	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, GORDON	
STREET ADDRESS	400 ISLAND WAY CLEARWATER FL	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRIHODA, JIM	
STREET ADDRESS	400 ISLAND WAY CLEARWATER FL	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEO TIGOV	
1.3 STREET ADDRESS	400 ISLAND WAY CLW. FLA. 34630	
1.4 CITY - ST - ZIP	CLW. FLA. 34630	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WAYNE HENDERSON	
2.3 STREET ADDRESS	400 ISLAND WAY CLW. FLA. 34630	
2.4 CITY - ST - ZIP	CLW. FLA. 34630	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK MARINO	
3.3 STREET ADDRESS	400 ISLAND WAY CLW. FLA. 34630	
3.4 CITY - ST - ZIP	CLW. FLA. 34630	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARL DE VITO	
4.3 STREET ADDRESS	400 ISLAND WAY CLW. FLA. 34630	
4.4 CITY - ST - ZIP	CLW. FLA. 34630	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVE WEISSER	
5.3 STREET ADDRESS	400 ISLAND WAY CLW. FLA. 34630	
5.4 CITY - ST - ZIP	CLW. FLA. 34630	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TRIP BRUNEL	
6.3 STREET ADDRESS	400 ISLAND WAY CLW. FLA. 34630	
6.4 CITY - ST - ZIP	CLW. FLA. 34630	

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, changed, or on an attachment with an address.

SIGNATURE: Henry Modzelewski DATE: 2/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)