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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1852193

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TIGOT, LEO ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**400 ISLAND WAY
CLEARWATER FL**

MODZELEWSKI, HENRY ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**400 ISLAND WAY
CLEARWATER FL**

MARINO, TONY ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**400 ISLAND WAY
CLEARWATER FL**

VITO, CARL DE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**400 ISLAND WAY
CLEARWATER FL**

WEBSTER, DAVE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**400 ISLAND WAY
CLEARWATER FL**

MAFHOS NICK ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**400 ISLAND WAY
CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

REAL J. MARINO

1/14/98

446-6014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (10/97)