

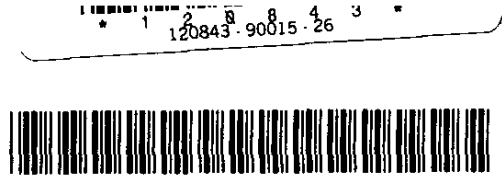
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90015 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744480 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	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/04/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1852193	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
GREENACRE PROPERTIES				\$8.75 Additional Fee Required	
4131 GUNN HWY.				6. Election Campaign Financing <input type="checkbox"/>	
TAMPA FL 33624				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	P
NAME	PIGOT, LEO	1.2 NAME	BRUNO, SAL
STREET ADDRESS	400 ISLAND WAY	1.3 STREET ADDRESS	400 Island Way, #910
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	VP	2.1 TITLE	VP
NAME	MODZELEWSKI, HENRY	2.2 NAME	THOMA, LOU
STREET ADDRESS	400 ISLAND WAY	2.3 STREET ADDRESS	400 Island Way, #505
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	P	3.1 TITLE	T
NAME	MARINO, TONY	3.2 NAME	SUTPHEN, JOYCE
STREET ADDRESS	400 ISLAND WAY	3.3 STREET ADDRESS	400 Island Way, #1608
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	D	4.1 TITLE	S
NAME	VITO, CARL DE	4.2 NAME	SCOPIS, JOHN
STREET ADDRESS	400 ISLAND WAY	4.3 STREET ADDRESS	400 Island Way, #1107
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	S	5.1 TITLE	D
NAME	HENDERSON, D W	5.2 NAME	GIAVARAS, STEVE
STREET ADDRESS	400 ISLAND WAY	5.3 STREET ADDRESS	400 Island Way, #411
CITY-ST-ZIP	CLEARWATER FL 33767	5.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	D	6.1 TITLE	D
NAME	MAFHOS NICK	6.2 NAME	CARLSON, GORDON
STREET ADDRESS	400 ISLAND WAY	6.3 STREET ADDRESS	400 Island Way, #405
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clearwater, FL 33767

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** DATE _____ DAYTIME PHONE # _____

CR2E037 (1/198)