

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90124 040 ****61.25

DOCUMENT # 744480

1. Entity Name

STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCI

Principal Place of Business

Mailing Address

400 ISLAND WAY
 CLEARWATER FL 34630

400 ISLAND WAY
 CLEARWATER FL 34630

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

59-1852193

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

GREENACRE PROPERTIES
4131 GUNN HWY.
TAMPA FL 33624

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	BRUNO, SAL	400 ISLAND WAY #910	CLEARWATER FL 33767	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	THOMA, LOU	400 ISLAND WAY #505	CLEARWATER FL 33767	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	SUTPHEN, JOYCE	400 ISLAND WAY #1608	CLEARWATER FL 33767	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MCLAUGHLIN, AUSTIN	400 ISLAND WAY 1403	CLEARWATER FL 33767	<input type="checkbox"/>	<input type="checkbox"/>
D	GIAVARAS, STEVE	400 ISLAND WAY #411	CLEARWATER FL 33767	<input type="checkbox"/>	<input type="checkbox"/>
D	GORDON, CARLSON	400 ISLAND WAY 3405	CLEARWATER FL 33767	<input type="checkbox"/>	<input type="checkbox"/>
P	THOMA, LOU	400 Island Way # 505	Clearwater FL 33767	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	SUTPHEN, E. JOYCE	400 Island Way # 1608	Clearwater FL 33767	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T	SCOPIS, JOHN	400 Island Way # 1107	Clearwater FL 33767	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ZANTAL, PETER	400 Island Way # 809	Clearwater FL 33767	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (727)

Date

Daytime Phone #

CR2E037 (10/00)