

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90116 004 ****61.25

DOCUMENT # 744480

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

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 **33767** Country Zip Country



DO NOT WRITE IN THIS SPACE

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
GREENACRE PROPERTIES
4131 GUNN HWY.
TAMPA FL 33624

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

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 P	THOMA, LOU 400 ISLAND WAY #505 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete	TITLE VP
NAME			SCOPIS, JOHN
STREET ADDRESS			400 ISLAND WAY #107
CITY-ST-ZIP			CLEARWATER, FL 33767
TITLE VP D	SUTPHEN, JOYCE 400 ISLAND WAY #1608 CLEARWATER FL 33767	<input type="checkbox"/> Delete	TITLE S
NAME			ZANTAL, PETER
STREET ADDRESS			400 ISLAND WAY # 809
CITY-ST-ZIP			CLEARWATER, FL 33767
TITLE D	MCLAUGHLIN, AUSTIN 400 ISLAND WAY 1403 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete	TITLE T
NAME			EAST, KERRY
STREET ADDRESS			400 ISLAND WAY # 1011
CITY-ST-ZIP			CLEARWATER, FL 33767
TITLE D	GIAVARAS, STEVE 400 ISLAND WAY #411 CLEARWATER FL 33767	<input type="checkbox"/> Delete	TITLE D
NAME			SHAW, LEROY
STREET ADDRESS			400 ISLAND WAY #1701
CITY-ST-ZIP			CLEARWATER, FL 33767
TITLE D	GORDON, CARLSON 400 ISLAND WAY 3405 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE P	PRIHODA, JAMES 400 ISLAND WAY, # 707 CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *James J. Prihoda* **James J. Prihoda** 1/9/02 (727) 446-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)