

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90053 045 \*\*\*\*61.25

**DOCUMENT # 744480**

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



Principal Place of Business  
**400 ISLAND WAY  
CLEARWATER, FL 33767**

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

**50000206**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1852193**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WARD, CARLTON PA  
1253 PARK STREET  
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name **BECKER & POLIAKOFF, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2401 W. BAY DR Suite 414**  
City **LAGO** FL Zip Code **33770-1941**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Eugen Hirsch de Haan, Jr.*

*2/7/06*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**BECKER & POLIAKOFF, P.A.**

**EUGEN HIRSCH DE HAAN**

Filing Fee is **\$61.25**  
Due by **May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P                         | <input type="checkbox"/> Delete            |
| NAME           | DEVITO, CARMINE           |  |
| STREET ADDRESS | 400 ISLAND WAY, UNIT 104  |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |  |
| TITLE          | VP                        | <input type="checkbox"/> Delete            |
| NAME           | KERINS, ROBERT            |  |
| STREET ADDRESS | 400 ISLAND WAY, UNIT 403  |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> Delete |
| NAME           | SHAW, LEROY               |  |
| STREET ADDRESS | 400 ISLAND WAY, UNIT 1701 |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |  |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | FRARY, TIMOTHY            |  |
| STREET ADDRESS | 400 ISLAND WAY, UNIT 1407 |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | BARRY, KEVIN              |  |
| STREET ADDRESS | 400 ISLAND WAY, UNIT 1012 |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | KILGO, ROBERT M           |  |
| STREET ADDRESS | 400 ISLAND WAY, UNIT 1704 |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JON HERSHMAN         |  |
| STREET ADDRESS | 400 ISLAND WAY       |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767 |  |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | M H MOHAMED          |  |
| STREET ADDRESS | 400 ISLAND WAY       |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767 |  |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MICHAEL ROUSKAS      |  |
| STREET ADDRESS | 400 ISLAND WAY       |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767 |  |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GAMAL (Jim) WASFY    |  |
| STREET ADDRESS | 400 ISLAND WAY       |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767 |  |
| TITLE          | S                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARRY KEVIN          |  |
| STREET ADDRESS | 400 ISLAND WAY       |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33767 |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*1/27/06 727-446-6014*