

--2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90097 009 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
 2401 W BAY DR STE 414
 LARGO FL 33770-1941

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

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
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	DEVITO, CARMINE	400 ISLAND WAY, UNIT 104	CLEARWATER FL 33767	<input type="checkbox"/>
VP	KERINS, ROBERT	400 ISLAND WAY, UNIT 403	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
D	ROUSKAG, MICHAEL	400 ISLAND WAY	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
T	FRARY, TIMOTHY	400 ISLAND WAY, UNIT 1407	CLEARWATER FL 33767	<input type="checkbox"/>
D	BARRY, KEVIN	400 ISLAND WAY, UNIT 1012	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
X	HERSHMAN, JON	400 ISLAND WAY	CLEARWATER FL 33767	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Jim Peters	400 Island Way # 1005	Clearwater FL 33767	<input type="checkbox"/>	<input type="checkbox"/>
	M.H. Mohamed	400 Island Way # 905	Clearwater, FL 33767	<input type="checkbox"/>	<input type="checkbox"/>
	Samuel Wasty	400 Island Way # 1111	Clearwater, FL 33767	<input type="checkbox"/>	<input type="checkbox"/>
	Secretary			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

2-21-07 727-446-6014