## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 744480**

1. Entity Name

STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCI



**FILED** Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90131 022 \*\*\*\*61.25

ATION, I	NC.									
Principal Place of Business 400 ISLAND WAY CLEARWATER FL 33767			Mailing Address 400 ISLAND WAY CLEARWATER FL 34630			10032323				
2. Principal	Place of Busine	ss	3. Mailing Address	. <del></del>						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number <b>59-1852193</b> Applied For				
Zip Country****		Zip	Country					lot Applicable		
		<u> </u>	,	Country		5. Certificate of S	tatus Desired	\$8.75 Ac Fee Requir		
	6. Name a	nd Address of Current	Registered Agent			7. Name and Add	iress of New Register	ed Agent	<del></del>	
ODEEN	 LADE DOADER	TIPA	وسه الهام والمعدودة ال	Nam	e <del>-</del> -		and the second second	<del></del>	. · -	
GREENACRE PROPERTIES 4131 GUNN HWY.					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33624										
77 T T T T T T T T T T T T T T T T T T					•••					
				City			ı. ı J	Zip Cod	de	
8. The abov	e named entity	submits this statement fo	or the purpose of changing its r	egistered office	or registere	ed agent, or both, in	the State of Florida. I a	am familiar with	and accept	
SIGNATURE		₹					-4/2/1	( B)		
	Signature, typed or	printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)	DAT	E		
	FILE NOW:	FEE IS \$61.25	9. Election Cam Trust Fund Co	entribution.		\$5.00 May Be Added to Fees	Florida Dep		State	
TITLE	I VP	OFFICERS AND DIF		11.			ES TO OFFICERS AND		1 10	
NAME Street Address City-St-Zip	SCOPIS, JO	WAY #1107	Delete	NAME STREET ADDRES CITY-ST-ZIP	s   400	AN, LAURENC ISLAND WAY arwater, FI	7 #301	Change	Addition	
TITLE	VP		Dioelete	TITLE	$\neg$	drwater, ir	6.13.13 w	change	[ Employed to n	
NAME STREET ADDRESS	SUTPHEN, J 400 ISLAND			NAME STREET ADDRES	VP SCOP 400	IS, JOHN	, , , , , , , , , , , , , , , , , , , ,	· 🛂 Change	[ Addition	
CITY-ST-ZIP	CLEARWATE	R FL 33767		CITY-ST-ZIP	CLEA	ISLAND WAY RWATER, FL	33767	ini kadatiki. T		
TTLE NAME	S Zantal, Pe	HED.	Uelete	· ÎlÎre	- S		The grant server	Change		
TREET ADDRESS	400 ISLAND			NAME STREET ADDRES	PETE	RS, JIM ISLAND WAY	<u>-`</u>			
CITY-ST-ZIP	CLEARWATE		•	CITY-ST-ZIP		RWATER, FL		•		
ITLE	D		Delete	TITLE	T	MATLKI EL		enange	C Addition	
IAME	CHAVARAS, (	<del>STEVE ·</del>		NAME		, LEROY		Laborange	☐ Addition	
TREET ADDRESS	400 ISLAND			STREET ADDRESS		ISLAND WAY	#1701			
ITY-ST-ZIP	CLEARWATE	R FL 33767		CITY-ST-ZIP		RWATER, FL				
ITLE	CAGE MEDO	<b>V</b>	Delete	TITLE	D			d enange	☐ Addition	
ame Treet address	EAST, KERR 400 ISLAND			NAME		K, JOHN	W1.505		}	
ITY-ST-ZIP	CLEARWATE			STREET ADDRESS CITY-ST-ZIP		ISLAND WAY				
TLE	D		∏ Balata			RWATER, FL	33/6/			
AME	SHAW, LERC	Υ	☐ Delete	TITLE NAME	D	)		Z Change	☐ Addition	
TREET ADDRESS	400 ISLAND			STREET ADDRESS	FOUL(	OS, PETER ISLAND WAY:	#1/17		Ì	
ITY-ST-ZIP	CLEARWATE	R FL 33767		CITY-ST-ZIP	1-100 1	RWATER, FL	33767		ļ	

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 the same of the corporation 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 the same of the corporation or the receiver or trustee empowered.

SIGNATURE:

Laurence J. Bagan