

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 18 PM 10:20

DOCUMENT # **758649** (8)

1. Corporation Name  
**CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4847 S.E. 17TH PLACE  
CAPE CORAL FL 33904  
US** **C/O BENSON'S, INC.  
12850 WHITEHALL DRIVE  
FORT MYERS FL 33907  
US**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified **06/04/1981** 3a. Date of Last Report **04/05/1994**  
4. Fil Number **59-2168289** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, MARK R.  
12850 WHITEHALL DRIVE  
FORT MYERS FL 33907**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>BERTHOLD, HENRY</b>
STREET ADDRESS	<b>4847 S.E. 17TH PLACE, #402</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>VD</b>
NAME	<b>SCHRAER, ROBERT</b>
STREET ADDRESS	<b>4719 S.E. 17TH PLACE, #302</b>
CITY - ST - ZIP	<b>FORT MYERS FL</b>
TITLE	<b>SD</b>
NAME	<b>DEWEESE, TIM</b>
STREET ADDRESS	<b>4703 S.E. 17TH PLACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>TD</b>
NAME	<b>HALTIGAN, KATHY</b>
STREET ADDRESS	<b>4719 S.E. 17TH PLACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b>
NAME	<b>SKIDELSKY, SHELLY</b>
STREET ADDRESS	<b>4703 S.E. 17TH PL #204</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Melson, Everett</b>
2.3 STREET ADDRESS	<b>4703 S.E. 17th Place, #103</b>
2.4 CITY - ST - ZIP	<b>Cape Coral, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Skidelsky, Shelly</b>
4.3 STREET ADDRESS	<b>4703 S.E. 17th Place, #204</b>
4.4 CITY - ST - ZIP	<b>Cape Coral, FL</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b> <b>Canamucio, Richard</b>
5.3 STREET ADDRESS	<b>4719 S.E. 17th Place, #201</b>
5.4 CITY - ST - ZIP	<b>Cape Coral, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry Berthold 3/8/95 (813)277-0718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Three #)