

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758649 (8)
1. Corporation Name

CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4647 S.E. 17TH PLACE, CAPE CORAL FL 33904, US**
Mailing Address: **C/O BENSON'S, INC. 12650 WHITEHALL DRIVE, FORT MYERS FL 33907, US**

3. Date Incorporated or Qualified: **06/04/1981**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **21 22 23 24**
2a. Mailing Address: **26 27 28 29 30**
C/O SHELLY SKIDELSKY
2225 SE 28TH. TERRACE
CAPE CORAL, FL
33904 USA

4. FEI 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BENSON, MARK R.
12650 WHITEHALL DRIVE
FORT MYERS FL 33907.

10. Name and Address of New Registered Agent
81 Name: **SHELLY SKIDELSKY**
82 Street Address (P.O. Box Number is Not Acceptable): **2225 SE 28TH. TERRACE**
83
84 City: **CAPE CORAL** FL 85 Zip Code: **33904**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Shelly Skidelsky* **A/21/96** DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BERTHOLD, HENRY | |
| STREET ADDRESS | 4647 S.E. 17TH PLACE, #402 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MELSON, EVERETT | |
| STREET ADDRESS | 4703 S.E. 17TH PLACE, #189 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEWEESE, TIM | |
| STREET ADDRESS | 4703 S.E. 17TH PLACE | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | RD | <input type="checkbox"/> DELETE |
| NAME | SKIDELSKY, SHELLY | |
| STREET ADDRESS | 4783 S.E. 17TH PLACE, 204 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CANAMUCIO, RICHARD | |
| STREET ADDRESS | 4719 S.E. 17TH PLACE, #201 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12: | | |
|--|---------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | KATHLEEN HALTIGAN | |
| 1.3 STREET ADDRESS | 4719 SE 17TH. PLACE #203 | |
| 1.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LYNN HALABY | |
| 2.3 STREET ADDRESS | 4647 SE 17TH. PLACE #301 | |
| 2.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 2225 SE 28TH TERRACE | |
| 4.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| 5.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 300001852533 | |
| 5.4 CITY-ST-ZIP | -06/05/96--01104--036 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" 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: *Shelly Skidelsky* **4-8-96** DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)