

FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758649 (8)

1. Corporation Name
CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
4647 S.E. 17TH PLACE CAPE CORAL FL 33904 US		C/O SHELLY SKIDELSKY 2225 SE 28TH TERRACE CAPE CORAL FL 33904 US	
Coral Realty of Lee		Coral Realty of Lee	
2. Principal Place of Business	21. Mailing Address	22. Suite, Apt. #, etc.	23. Suite, Apt. #, etc.
826 SE 46th Lane	826 SE 46th Lane		
City & State	City & State	Zip	Country
Cape Coral, Fl 33904	Cape Coral, Fl 33904		
Zip	Country	Zip	Country

3. Date Incorporated or Qualified	06/04/1981	
4. FEI Number	59-2168289	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FITZGEORGE, ELAINE D
C/O CORAL PROPERTY MGMT. GROUP
826 SE 46TH LANE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALABY, LYNN	
STREET ADDRESS	4647 S.E. 17TH PLACE #301	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SKIDELSKY, SHELLY	
STREET ADDRESS	2225 SE 28TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALTGAN, KATHLEEN	
STREET ADDRESS	4719 S.E. 17TH PLACE #203	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CANAMUCIO, RICHARD	
STREET ADDRESS	4719 S.E. 17TH PLACE, #201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARPETTI, JEFF	
STREET ADDRESS	2590 KILLIAN RD	
CITY-ST-ZIP	UNIONTOWN OH 44685	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Plantania, Samuel
2.3 STREET ADDRESS	Building 3 4647 SE 17th PL #306
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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: *Lyne Halaby* 3/25/98

CR2E037 (10/97)