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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758649

1. Corporation Name
CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| CORAL REALTY OF LEE 826 SE 46TH LANE CAPE CORAL FL 33904 US | CORAL REALTY OF LEE 826 SE 46TH LANE CAPE CORAL FL 33904 US |



| | | |
|--------------------------------|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 06/04/1981 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 59-2168289 |
| 24 Country | 29 Country | 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 |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| FITZGEORGE, ELAINE D C/O CORAL PROPERTY MGMT. GROUP 826 SE 46TH LANE CAPE CORAL FL 33904 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City |
| | 85 Zip Code |
| | FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALABY, LYNN | 1.2 NAME | |
| STREET ADDRESS | 4647 S.E. 17TH PLACE #301 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PLANTANIA, SAMUEL | 2.2 NAME | VPD SKIDELSKY, SHELLEY |
| STREET ADDRESS | BLDG 3 4647 SE 17TH PL #306 | 2.3 STREET ADDRESS | 2225 SE 28TH AVE |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | 2.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALTIGAN, KATHLEEN | 3.2 NAME | SD METERS, RALPH |
| STREET ADDRESS | 4719 S.E. 17TH PLACE #203 | 3.3 STREET ADDRESS | 4703 SE 17TH AVE # 503 |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | 3.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANAMUCIO, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 4719 S.E. 17TH PLACE, #201 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCARPETTI, JEFF | 5.2 NAME | |
| STREET ADDRESS | 2590 KILLIAN RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | UNIONTOWN OH 44685 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 1-21-99 941 519 2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)