

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90104 029 \*\*\*\*61.25

**DOCUMENT # 758649**

1. Entry Name

**CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

CORAL REALTY OF LEE  
 826 SE 48TH LANE  
 CAPE CORAL FL 33904  
 US

CORAL REALTY OF LEE  
 826 SE 48TH LANE  
 CAPE CORAL FL 33904-0818  
 US

2. Principal Place of Business

3. Mailing Address

9411 Cypress Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

City & State

Fort Myers, FL 33919

4. FEI Number

59-2168289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGEORGE, ELAINE D  
 C/O CORAL PROPERTY MGMT. GROUP  
 826 SE 48TH LANE  
 CAPE CORAL FL 33904

Name  
 W. W. Schoo Management  
 Street Address (P.O. Box Number is Not Acceptable)  
 9411 Cypress Lake Drive  
 Suite 2  
 City  
 Fort Myers FL Zip Code  
 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Paul Schoo, CAM

5/19/00

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **RD**  
 STREET ADDRESS **HALABY, LYNN**  
 CITY-ST-ZIP **4647 S.E. 17TH PLACE #301**  
**CAPE CORAL FL**

TITLE  Change  Addition  
 NAME **SEC**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD**  
 STREET ADDRESS **SHIBELSHY, SHELLEY**  
 CITY-ST-ZIP **2226 SE 26TH**  
**CAPE CORAL FL 33904**

TITLE  Change  Addition  
 NAME **VP**  
 STREET ADDRESS **MELSON, EVERETTE**  
 CITY-ST-ZIP **4703 SE 17th PL 103**  
**CAPE CORAL, FL 33904**

TITLE  Delete  
 NAME **SB**  
 STREET ADDRESS **MELERS, RALPH**  
 CITY-ST-ZIP **4703 SE 17R PL #503**  
**CAPE CORAL FL 33904**

TITLE  Change  Addition  
 NAME **P**  
 STREET ADDRESS **MYERS, RALPH**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **GANNAGIO, RICHARD**  
 CITY-ST-ZIP **4719 S.E. 17TH PLACE #201**  
**CAPE CORAL FL 33904**

TITLE  Change  Addition  
 NAME **TD**  
 STREET ADDRESS **LABAIR, HARRY**  
 CITY-ST-ZIP **4703 SE 17th PL 203**  
**CAPE CORAL, FL 33904**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **SCARPETTI, JEFF**  
 CITY-ST-ZIP **2580 KILLIAN RD**  
**UNIONTOWN OH 44885**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Lynn Halaby*

4/26/00 (941) 549-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

TYPING FEE \$