

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90074 008 ****61.25

DOCUMENT # 758649

1. Entity Name

CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O W.W. SCHOO MGMT., INC.
 9411 CYPRESS LAKE DR., #2
 FORT MYERS FL 33919
 US

C/O W.W. SCHOO MGMT., INC.
 9411 CYPRESS LAKE DR., #2
 FORT MYERS FL 33919
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Schoo Management, Inc.
 Suite, Apt. #, etc.

C/O Schoo Management, Inc.
 Suite, Apt. #, etc.

9411-2 Cypress Lake Dr

9411-2 Cypress Lake Dr.

City & State
 Fort Myers, FL

City & State
 Fort Myers, FL

4. FEI Number
59-2168289

Applied For
 Not Applicable

Zip
 33919

Country
 USA

Zip
 33919

Country
 USA

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

W.W. SCHOO MANAGEMENT, INC.
 9411 CYPRESS LAKE DRIVE
 SUITE 2
 FORT MYERS FL 33919

Name
Robert Gelles
 Street Address (P.O. Box Number is Not Acceptable)
C/O Schoo Management, Inc.
 9411-2 Cypress Lake Drive
 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 *Robert E. Gelles*

Robert Gelles, CAM 4/12/02

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

(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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERT-SCHMIDT, DARLENE 4647 S.E. 17TH PLACE, UNIT 304 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEBERT, LAIRD W 4703 S.E. 17TH PLACE, UNIT 404 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DUBOIS, JUDITH 4647 S.E. 17TH PLACE, UNIT 106 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LABAIR, LAWRENCE 4703 S.E. 17TH PLACE, UNIT #203 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, RALPH 4703 S.E. 17TH PLACE, UNIT 202 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Anderle, Jim 4647 SE 17th Place #306 Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Blank, Neil 4703 SE 17th Place #305 Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Labair, Lawrence 4703 SE 17th Palce #203 Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mahigan, Richar 4647 SW 17th Place #305 Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Neil Blank

4/12/02 (239) 481-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)