


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 018 ****61.25

DOCUMENT # 758649			
1. Entity Name CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907 US		Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907 US	
2. Principal Place of Business C/O PALMSTATE MANAGEMENT		3. Mailing Address 6385 PRESIDENTIAL CT	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. #101	
City & State		City & State FORT MYERS, FL	
Zip	Country	Zip	Country
33919	USA	33919	USA
4. FEI Number 59-2168289		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENSON, MARK R. BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907		Name COPELAND, WILLIAM G	
		Street Address (P.O. Box Number is Not Acceptable)	
		6385 PRESIDENTIAL CT #101	
		City FORT MYERS FL Zip 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>William G. Copeland</i>		DATE 4/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	SEGROVES, JAY W <input checked="" type="checkbox"/> Delete	TITLE P	MARIANO, ANTHONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4647 SE 17TH PL #102	NAME	4647 SE 17th PL #3904
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	CAPE CORAL, FL 33904
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	BLANK, NEIL <input checked="" type="checkbox"/> Delete	TITLE VP	PLATANIA, SAMUEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4703 SE 17 PLACE #305	NAME	4719 SE 17th PL #3904
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	CAPE CORAL, FL 33904
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	MELSON, MARY <input checked="" type="checkbox"/> Delete	TITLE S	ANDERT, DARLENE M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4703 SE 17 PLACE #103	NAME	4647 SE 17th PL #304
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	CAPE CORAL, FL 33904
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	HALABY, LYNN <input checked="" type="checkbox"/> Delete	TITLE T	MCATEE, BRETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4647 SE 17 PLACE #301	NAME	4703 SE 17th PL #304
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	MAHIGAN, RICHARD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	4647 SW 17 PLACE #305	NAME	
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Anthony Mariano</i>		DATE: 4/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 239 246-3990	

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