


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90138 038 ****61.25

DOCUMENT # 758649

1. Entity Name
 CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O PALMSTATE MANAGEMENT
 12650 WHITEHALL DR
 FORT MYERS, FL 33907 US

Mailing Address
 9411 CYPRESS LAKE DR, SUITE 2
 FORT MYERS, FL 33919 US



2. Principal Place of Business - No P.O. Box #
 C/O Schoo Management

3. Mailing Address
 9411 Cypress Lake Dr
 Suite, Apt. #, etc.
 Ste 2

04022008 Chg-NP CR2E037 (12/06)

City & State
 Ft Myers FL

Zip Country
 33909 Lee

4. FEI Number
 59-2168289

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COPELAND, WILLIAM G
 6385 PRESIDENTIAL CT #101
 NORTH FORT MYERS, FL 33918

7. Name and Address of New Registered Agent
 Name Patricia Schoo
 Street Address (P.O. Box Number is Not Acceptable)
 C/O Schoo Management
 9411-2 Cypress Lake Drive
 City Ft Myers FL Zip Code 33909

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIANO, ANTHONY 4647 SE 17TH PL #306 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCATEE, BRETT 4703 SE 17TH PL #304 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENKE, JENNIFER 4703 SE 17TH PL #505 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	pres MARIANO, ANTHONY 4647 SE 17TH PL #306 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lynn Halaby 4647 SE 17th pl #301 Cape Coral FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Jim Sharp 4719 SE 17th pl #305 Cape Coral FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Teri Hughes 4719 SE 17th pl #303 Cape Coral FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shelly Skidelisky 2225 SE 28 Ave 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 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: Anthony Mariano 4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #