

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758649

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9411 CYPRESS LAKE DRIVE  
SUITE 2  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

9411 CYPRESS LAKE DRIVE  
SUITE 2  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 59-2168289      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOO, PATRICIA  
C/O SCHOO MANAGEMENT  
9411-2 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARIANO, ANTHONY  
Address: 4647 SE 17TH PL #306  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP  
Name: SKIDELSKY, SHELLY  
Address: 2225 SE 28TH TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: T  
Name: GRASSO, ANTHONY  
Address: 4719 SE 17 PL #308  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: HOFFMAN, DALE  
Address: 4719 SE 17TH PL #102  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: FORMICA, PETER  
Address: 4647 SE 17TH PLACE #203  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA SCHOO

CAM

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date