## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 758649** 

FILED Feb 06, 2003 Secretary of State

Entity Name: CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O W.W. SCHOO MGMT., INC. C/O BENSON'S, INC. 9411-2 CYPRESS LAKE DR. 12650 WHITEHÁLL DR FORT MYERS, FL 33919 FORT MYERS, FL 33907 US New Mailing Address: **Current Mailing Address:** C/O W.W. SCHOO MGMT., INC. C/O BENSON'S, INC 9411-2 CYPRESS LAKE DR. 12650 WHITEHÁLL DR FORT MYERS, FL 33919 FORT MYERS, FL 33907 US FEI Number: 59-2168289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELLES, ROBERT BENSON, MARK R C/O SCHOO MGMT. INC BENSON'S, INC. 9411-2 CYPRESS LAKE DRIVE 12650 WHITEHALL DR FORT MYERS, FL 33919 US FORT MYERS, FL 33907 US 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: MARK R. BENSON 02/06/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDERLE, JIM Name: Name: 4647 SE 17 PLACE #306 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: TD Title: () Delete () Change () Addition BLANK, NEIL Name: Name: Address: 4703 SE 17 PLACE #305 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: ASD () Delete Title: SD (X) Change ( ) Addition DUBOIS, JUDITH Name: MELSON, MARY Name: Address: 4647 S.E. 17TH PLACE, UNIT 106 Address: 4703 SE 17 PLACE #103 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: D (X) Change ( ) Addition Name: LABAIR, LAWRENCE Name: HALABY, LYNN 4647 SE 17 PLACE #301 Address: 4703 S.E. 17TH PLACE, UNIT #203 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change ( ) Addition MAHIGAN, RICHAR MAHIGAN, RICHARD Name: Name: 4647 SW 17 PLACE #305 4647 SW 17 PLACE #305 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JIM ANDERLE PD 02/06/2003