

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB -6 AM 9:47

DOCUMENT # 725251 (3)

1. Corporation Name

THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

880 N. E. 69TH STREET
MIAMI FL 33138

880 N. E. 69TH STREET
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/10/1973	3a. Date of Last Report 02/21/1994
4. FEI Number 59-1481556	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIROTTA, SUSAN
880 NE 69TH ST
MIAMI FL 33138**

81 Name SIROTTA, SUSAN
82 Street Address (P.O. Box Number is Not Acceptable) 1771 CLEVELAND ROAD
83
84 City MIAMI BEACH
85 Zip Code FL 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME GREICO, JACK	1.1 TITLE TD	1.2 NAME LEONORE HOFFNER
STREET ADDRESS 1251 NE 94TH ST	CITY-ST-ZIP MIAMI SHORES FL	1.3 STREET ADDRESS 880 N.E. 69th Street	1.4 CITY-ST-ZIP MIAMI FL 33138
TITLE PD	NAME SIROTTA, SUSAN	2.1 TITLE PD	2.2 NAME SIROTTA, SUSAN
STREET ADDRESS 880 NE 69TH ST	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS 1771 CLEVELAND, ROAD	2.4 CITY-ST-ZIP MIAMI Beach, FL 33141
TITLE SD	NAME CHITTUM, LIZ	3.1 TITLE D	3.2 NAME JUDY MARLIN
STREET ADDRESS 880 NE 69TH ST	CITY-ST-ZIP MIAMI FL	3.3 STREET ADDRESS 880 N.E. 69th Street	3.4 CITY-ST-ZIP MIAMI FL 33
TITLE D	NAME ROSENTHAL, BRUCE	4.1 TITLE D	4.2 NAME KATHERINE Schemel
STREET ADDRESS 880 NE 69TH ST	CITY-ST-ZIP MIAMI FL	4.3 STREET ADDRESS 880 N.E. 69th Street	4.4 CITY-ST-ZIP MIAMI FL 33138
TITLE D	NAME BARNES, ELIZABETH	5.1 TITLE	5.2 NAME
STREET ADDRESS 774 NE 71ST ST	CITY-ST-ZIP MIAMI SHORES FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME JORRIN, SILVIA	6.1 TITLE D	6.2 NAME JORRIN, SILVIA
STREET ADDRESS 880 NE 69TH ST	CITY-ST-ZIP MIAMI FL	6.3 STREET ADDRESS 106 ROMANO AVE	6.4 CITY-ST-ZIP CORAL GABLES, FL 33134

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95 305-754-5411