

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 725251 (3)

1. Corporation Name

THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**880 N. E. 69TH STREET
MIAMI FL 33138**

**880 N. E. 69TH STREET
MIAMI FL 33138**



3. Date Incorporated or Qualified
01/10/1973

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1481556

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIROTTA, SUSAN
1771 CLEVELAND ROAD
MIAMI BEACH FL 33141**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **GREICO, JACK**
STREET ADDRESS **1251 NE 94TH ST**
CITY - ST - ZIP **MIAMI SHORES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE
NAME **SIROTTA, SUSAN**
STREET ADDRESS **1771 CLEVELAND RD**
CITY - ST - ZIP **MIAMI BEACH FL 33141**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **CHITTUM, LIZ**
STREET ADDRESS **880 NE 69TH ST**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **ROSENTHAL, BRUCE**
STREET ADDRESS **880 NE 69TH ST**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **BARNES, ELIZABETH**
STREET ADDRESS **774 NE 71ST ST**
CITY - ST - ZIP **MIAMI SHORES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **JORRIN, SILVIA**
STREET ADDRESS **106 ROMAND AVE**
CITY - ST - ZIP **CORAL GABLES FL 33134**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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

SUSAN SIROTTA

1/16/96

754-5411

Date

Daytime Phone #

CR2E037 (12/95)

the clipper

January 17, 1996

Please include the following names as Directors at the Clipper Condominium Association

TD

Leonore Hoffner
880 N.E. 69th Street
Miami Fl 33138

D

Katherine Schemel D
880 N.E. 69th Street
Miami Fl 33138

D

Judy Marlin D
880 N.E. 69th Street
Miami Fl 33138

on the bay

880 Northeast 69th Street, Miami, Florida 33138
Telephone: 754-5411 Fax: 754-9666