

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90116 020 ****61.25

DOCUMENT # 725251

1. Corporation Name

THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

147482-90116-20

Principal Place of Business

880 N. E. 69TH STREET
MIAMI FL 33138

Mailing Address

880 N. E. 69TH STREET
MIAMI FL 33138



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/10/1973

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

9. Name and Address of Current Registered Agent

CHITTUM, ELIZABETH
880 NE 69TH ST
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

BRYN, MARK

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

880 N.E. 69th Street

83

84 City

MIAMI

FL

85 Zip Code
33138

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.

MARK J BRYN-Pres 1/19/99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D
NAME BRYN, MARK
STREET ADDRESS 9120 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE PD
NAME CHITTUM, ELIZABETH
STREET ADDRESS 880 NE 69TH ST
CITY-ST-ZIP MIAMI FL 33138

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

TITLE SD
NAME BARNES, ELIZABETH
STREET ADDRESS 880 NE 69TH ST
CITY-ST-ZIP MIAMI FL 33138

TITLE D
NAME JORRIN, SILVIA
STREET ADDRESS 1627 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME HOFFNER, LEONORE
1.3 STREET ADDRESS 880 N.E. 69th Street
1.4 CITY-ST-ZIP MIAMI FL 33138

2.1 TITLE PD
2.2 NAME BRYN, MARK
2.3 STREET ADDRESS 9120 W. BAY Harbor DR
2.4 CITY-ST-ZIP BAY HARBOR FL 33154

3.1 TITLE TD
3.2 NAME CHITTUM, ELIZABETH
3.3 STREET ADDRESS 880 N.E. 69th ST
3.4 CITY-ST-ZIP MIAMI FL 33138

4.1 TITLE D
4.2 NAME FOSMOEN RICHARD
4.3 STREET ADDRESS 880 N.E. 69th Street
4.4 CITY-ST-ZIP MIAMI FL 33138

5.1 TITLE D
5.2 NAME MARLIN, JUDY
5.3 STREET ADDRESS 880 NE 69th Street
5.4 CITY-ST-ZIP MIAMI FL 33138

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MARK J. BRYN 1/19/99

305-754-5411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)