

DOCUMENT # 725251

1. Entity Name  
THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business      Mailing Address  
880 N. E. 69TH STREET      880 N. E. 69TH STREET  
MIAMI FL 33138      MIAMI FL 33138

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
GANGUZZA, JOSEPH H  
150 W. FLAGLER ST. 5-2701  
MIAMI FL 33130

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREICO, JACK 1251 NE 94TH ST MIAMI SHORES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYN, MARK 9120 W BAY HARBOR DR BAY HARBOR FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHITTUM, ELIZABETH 880 NE 69TH ST MIAMI FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, BRUCE 880 NE 69TH ST MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, ELIZABETH 880 NE 69TH ST MIAMI FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORRIN, SILVIA 1627 BRICKELL AVE MIAMI FL 33129 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONORE HOFFNER 880 NE 69th Street MIAMI FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMARY FISHER 880 NE 69th St MIAMI FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH CHITTUM      Date      Daytime Phone #

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90054 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)