

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90066 030 ****61.25

DOCUMENT # 725251

1. Entity Name

THE CLIPPER CONDOMINIUM ASSOCIATION, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1481556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANGUZZA, JOSEPH H
150 W. FLAGLER ST. 5-2701
MIAMI FL 33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GREICO, JACK | |
| STREET ADDRESS | 1251 NE 94TH ST | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BRYN, MARK | |
| STREET ADDRESS | 9120 W BAY HARBOR DR | |
| CITY-ST-ZIP | BAY HARBOR FL 33154 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CHITTUM, ELIZABETH | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOFFNER, LEONORE | |
| STREET ADDRESS | 880 NE 69TH ST | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CASNER, ELIZABETH | |
| STREET ADDRESS | 880 NE 69TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JORRIN, SILVIA | |
| STREET ADDRESS | 1627 BRICKELL AVE | |
| CITY-ST-ZIP | MIAMI FL 33129 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARK TOPLEY | |
| STREET ADDRESS | 880 NE 69th Street | |
| CITY-ST-ZIP | Miami FL 33138 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Facelli Nuttal | |
| STREET ADDRESS | 880 NE 69th Street | |
| CITY-ST-ZIP | Miami FL 33138 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RENE ARSAN | |
| STREET ADDRESS | 880 NE 69th Street | |
| CITY-ST-ZIP | Miami FL 33138 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rosemary Fisher | |
| STREET ADDRESS | 880 NE 69th Street | |
| CITY-ST-ZIP | Miami FL 33138 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Leonore Hoffner LEONORE HOFFNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #