2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90011 011 ***150.00

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

02082006 Chg-NP CR2E037 (11/05)

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

Filing Fee is $61.25
Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREICO, JACK	NAME	
STREET ADDRESS	1251 NE 94TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRYN, MARK	NAME	
STREET ADDRESS	9120 W BAY HARBOR DR	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR, FL 33154	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOPLEY, MARK	NAME	
STREET ADDRESS	880 NE 69TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOFFNER, LEONORE	NAME	
STREET ADDRESS	880 NE 69TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASNER, ELIZABETH	NAME	
STREET ADDRESS	880 NE 69TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	JORRIN, SILVIA	NAME	D Rene Arsan
STREET ADDRESS	1627 BRICKELL AVE	STREET ADDRESS	880 NE 69th Street
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	Miami Fl 33138

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/8/06 305-754-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #