

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725251

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC2758676111**

**Entity Name:** THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-1481556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACUNA, ALBERT  
782 N.W. 42ND AVENUE SUITE 343  
MIAMI, FL 33126 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SEAR, AMY  
Address 880 NE 69TH STREET  
City-State-Zip: MIAMI FL 33138

Title VP, D  
Name BRYN, MARK  
Address 9120 W BAY HARBOR DR  
City-State-Zip: BAY HARBOR FL 33154

Title PD  
Name TOPLEY, MARK  
Address 880 NE 69TH ST  
City-State-Zip: MIAMI FL 33138

Title D T  
Name HOFFNER, LEONORE  
Address 880 NE 69TH ST  
City-State-Zip: MIAMI FL 33138

Title D  
Name CASNER, ELIZABETH  
Address 880 NE 69TH STREET  
City-State-Zip: MIAMI FL 33138

Title D  
Name ARSAN, RENE  
Address 880 NE 69TH ST  
City-State-Zip: MIAMI FL 33138

Title DS  
Name FISHER, ROSEMARY  
Address 880 N. E. 69TH STREET  
City-State-Zip: MIAMI FL 33138

Title D  
Name GARCIA, ERNIE  
Address 880 N. E. 69TH STREET  
City-State-Zip: MIAMI FL 33138

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEILA RODRIGUEZ

**MANAGER**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            D  
Name            NAMATH, BOBBIE  
Address        880 N. E. 69TH STREET  
City-State-Zip: MIAMI FL 33138