

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744480

Entity Name: STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**400 ISLAND WAY
CLEARWATER, FL 33767**Current Mailing Address:**9887 4TH STREET NORTH
SUITE 301
SAINT PETERSBURG, FL 33702 US**FEI Number: 59-1852193****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 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: DENNIS MANSFIELD****01/25/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZALESKI, EDWARD
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title VP
Name MANGAS, RICHARD
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title TREASURER
Name HERSHMAN, JON
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title SECRETARY
Name WAMBSEY, JOHN
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name KESHISHIAN, ARA
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name POULOS, DEMETRI
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name ZANTAL, PETER
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name CARDULLIAS, PETER J
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

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: EDWARD ZALESKI**PRESIDENT****01/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date