## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 744480** 

Entity Name: STARBOARD TOWER, CLIPPER COVE CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702

**Current Mailing Address:** 

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-1852193 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC. C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 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: JOHN HENSLEY 02/02/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name ZALESKI, EDWARD Name MANGAS, RICHARD

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title VP Title TREASURER

Name MANGAS, ALICIA Name HENRY, SHAWN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY Title DIRECTOR

Name HOFFER, NICHOLAS J. Name BRUNNER, PATRICE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 BRUNNER, JOHN
 Name
 BARRY, KEVIN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

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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 02/02/2022

FILED Feb 02, 2022

**Secretary of State** 

2112655505CC

## Officer/Director Detail Continued:

Title DIRECTOR

Name BARRY, DORISANN

Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name LEWIS, CAROL

Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR

Name CORICH, MARK

Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name LEWIS, GUS

Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR

Name CARDULLIAS, PETER J. II

Address C/O ASSOCIA GULF COAST

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