2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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: JOHN HENSLEY 06/21/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT Title Title VP, TREASURER ZALESKI, EDWARD Name Name MANGAS, RICHARD

9887 4TH STREET NORTH 9887 4TH STREET NORTH Address Address

> SUITE 301 SUITE 301

City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: SAINT PETERSBURG FL 33702

Title SECRETARY Title DIRECTOR

Name ZANTAL, PETER J Name BRUNNER, PATRICE

Address 9887 4TH STREET NORTH Address 9887 4TH STREET NORTH

SUITE 301 SUITE 301

City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR COLSANT, GABRIELE LEWIS, GUS J Name Name

9887 4TH STREET NORTH 9887 4TH STREET NORTH Address Address

> SUITE 301 SUITE 301

SAINT PETERSBURG FL 33702 SAINT PETERSBURG FL 33702 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name CARDULLIAS, PETER J II Name OBREBSKI, JOHN S

9887 4TH STREET NORTH 9887 4TH STREET NORTH Address Address

> SUITE 301 SUITE 301

SAINT PETERSBURG FL 33702 SAINT PETERSBURG FL 33702 City-State-Zip: City-State-Zip:

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** 06/21/2020

Date

FILED

Jun 21, 2020

Secretary of State 0004351632CC