

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744480

**Entity Name:** STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**6421709647CC****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: ANNETTE BYRD****04/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** ZALESKI, EDWARD F.  
**Address** C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
**City-State-Zip:** ST. PETERSBURG FL 33702**Title** TREASURER  
**Name** HENRY, SHAWN  
**Address** C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
**City-State-Zip:** ST. PETERSBURG FL 33702**Title** DIRECTOR  
**Name** BRUNNER, PATRICE  
**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** VP  
**Name** MANGAS, RICHARD  
**Address** C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
**City-State-Zip:** ST. PETERSBURG FL 33702**Title** SECRETARY  
**Name** HOFFER, NICHOLAS J.  
**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  
9887 4TH STREET NORTH SUITE 104  
**City-State-Zip:** ST. PETERSBURG FL 33702**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: EDWARD F ZALESKI****PRESIDENT****04/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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                 COULOMBE, DONNA S.  
Address             C/O ASSOCIA GULF COAST  
                      9887 4TH STREET NORTH SUITE 104  
City-State-Zip:    ST. PETERSBURG FL 33702