

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007010

Entity Name: CLIPPER COVE VILLAGE MASTER CONDOMINIUM
ASSOCIATION, INC.**Current Principal Place of Business:**2002 BAL HARBOR BLVD
PUNTA GORDA, FL 33950**Current Mailing Address:**26530 MALLARD WAY
PUNTA GORDA, FL 33950 US**FEI Number: 59-3751596****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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	P
Name	RIPA, JOHN DENNIS
Address	26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	CAMARDESE, STEPHEN
Address	26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	T
Name	STESKI, WAYNE
Address	26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	S
Name	FEAUTO, MICHAEL
Address	26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	PERGOLA, JOSEPH
Address	26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

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: JOHN DENNIS RIPA**PRES****04/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date