

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

PO BOX 380758  
MURDOCK, FL 33938 US

**FEI Number:** 59-3751596

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SW GATEWAY, INC  
1532 RIO DE JANEIRO  
PUNTA GORDA, FL 33983 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:** KRISTINE WISHARD

04/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RIPA, JOHN DENNIS  
Address PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

Title VP  
Name CAMARDESE, STEPHEN  
Address PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

Title T  
Name FEAUTO, MICHAEL  
Address PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

Title S  
Name MILLER, CAROLYN  
Address PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

Title D  
Name PERGOLA, JOSEPH  
Address PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

Title MANAGER  
Name WISHARD, KRISTINE  
Address PO BOX 380758  
City-State-Zip: MURDOCK FL 33938

*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:** KRISTINE WISHARD

MANAGER

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date