

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725251 (3)**

1. Corporation Name

**THE CLIPPER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**880 N. E. 69TH STREET  
MIAMI FL 33138**

**880 N. E. 69TH STREET  
MIAMI FL 33138**

3. Date Incorporated or Qualified  
**01/10/1973**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-1481556**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIROTTA, SUSAN  
1771 CLEVELAND ROAD  
MIAMI BEACH FL 33141**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE  
NAME **GREICO, JACK**  
STREET ADDRESS **1251 NE 94TH ST**  
CITY - ST - ZIP **MIAMI SHORES FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE  
NAME **SIROTTA, SUSAN**  
STREET ADDRESS **1771 CLEVELAND RD**  
CITY - ST - ZIP **MIAMI BEACH FL 33141**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE  
NAME **CHITTUM, LIZ**  
STREET ADDRESS **880 NE 69TH ST**  
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **ROSENTHAL, BRUCE**  
STREET ADDRESS **880 NE 69TH ST**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **BARNES, ELIZABETH**  
STREET ADDRESS **774 NE 71ST ST**  
CITY - ST - ZIP **MIAMI SHORES FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **JORRIN, SILVIA**  
STREET ADDRESS **106 ROMAND AVE**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN SIROTTA**

**1/16/96**

**754-5411**

Date

Daytime Phone #

CR2E037 (12/95)

# the clipper

January 17, 1996

Please include the following names as Directors at the Clipper Condominium Association

TD

Leonore Hoffner  
880 N.E. 69th Street  
Miami Fl 33138

D

Katherine Schemel D  
880 N.E. 69th Street  
Miami Fl 33138

D

Judy Marlin D  
880 N.E. 69th Street  
Miami Fl 33138

# on the bay

880 Northeast 69th Street, Miami, Florida 33138  
Telephone: 754-5411 Fax: 754-9666