

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725251

1. Entity Name

THE CLIPPER CONDOMINIUM ASSOCIATION, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90099 009 ****61.25

Principal Place of Business 880 N. E. 69TH STREET MIAMI FL 33138	Mailing Address 880 N. E. 69TH STREET MIAMI FL 33138-5760
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1481556	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRYN, MARK 880 NE 69TH ST MIAMI FL 33138	7. Name and Address of New Registered Agent Name: MARK BRYN Joseph H. Ganzuzza Street Address (P.O. Box Number is Not Acceptable): 3 South Biscayne Blvd Suite 3599 HYMAN & Kaplan P.A. 150 W. Flagler St. S. 2701 City: Miami FL Zip Code: 33130
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8. 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: DATE: 1/21/00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREICO, JACK 1251 NE 94TH ST MIAMI SHORES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLIN, JUDY 880 NE 69th Street MIAMI FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYN, MARK 9120 W BAY HARBOR DR BAY HARBOR FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFNER, LEONORE 880 NE 69th ST MIAMI FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHITTUM, ELIZABETH 880 NE 69TH ST MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOESMAN, RICHARD 880 NE 69th St MIAMI FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, BRUCE 880 NE 69TH ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, ELIZABETH 880 NE 69TH ST MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORRIN, SILVIA 1627 BRICKELL AVE MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARK I BRYN-President DATE: 1/21/00 DAYTIME PHONE #: 305-754-5411

CR2E037 (9/99)