

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90209 014 \*\*\*\*61.25

**DOCUMENT # 725251**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1481556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GANGUZZA, JOSEPH H**  
**150 W. FLAGLER ST. 5-2701**  
**MIAMI FL 33130**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	VD GREICO, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	1251 NE 94TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE NAME	PD BRYN, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	9120 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE NAME	TD CHITTUM, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS	880 NE 69TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	D HOFFNER, LEONORE	<input type="checkbox"/> Delete
STREET ADDRESS	880 NE 69TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	SD BARNES, ELIZABETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	880 NE 69TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	D JORRIN, SILVIA	<input type="checkbox"/> Delete
STREET ADDRESS	1627 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33129	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D ELIZABETH CASNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	880 NE 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	D RICHARD PERRER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	880 NE 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	D ROSEMARY FISHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	880 NE 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME	D FADELLA NUTTAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	880 NE 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

*Rosemary Fisher*

305-754-5411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (9/01)