2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address/with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 08, 2007 8:00 am **DOCUMENT # 725251 Secretary of State** 02-08-2007 90054 025 ****61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 59-1481556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANGUZZA, JOSEPH H 150 W. FLAGLER ST. 5-2701 I SE Thus Ave Street Address (P.O. Box Number is Not Acceptable) Ste 1820 MIAMI FL 33130 33131 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE ☐ Delete mu. ☐ Change Addition 1 ROSEHARY FISCHER NAME GREICO, JACK NAME 880 NE 6914 ST STREET ADDRESS 1251 NE 94TH ST STREET ADDRESS CITY-ST-ZIP CITY ST ZIP MIAMI SHORES FL MIAHI FL 33138 HILE PD ☐ Delete THEF Sears: Any 880 NE 69th STREET ☐ Change Addition NAME NAME BRYN, MARK STREET ADDRESS STREET ADDRESS 9120 W BAY HARBOR DR CITY - ST - ZIP BAY HARBOR FL 33154 CHY-ST-7IP MIAHI FL 33 138 HILE ☐ Delete THU. NUTTAL, FADILLA 880 NE 69th STREET ☐ Change ☐ Addition NAME NAME TOPLEY, MARK STREET ADDRESS STREET ADDRESS 880 NE 69TH ST CHY-ST-ZIP CITY ST-ZIP HIAHI, FL 33138 **MIAMI FL 33138** MILE ☐ Delete IIIII Change Addition NAME NAME HOFFNER, LEONORE STREET ADDRESS STREET ADDRESS 880 NE 69TH ST CITY - ST - ZIP CHTY+ST-ZIP MIAMI FL 33138 HILL ☐ Delete ши ☐ Change Addition MAME CASNER, ELIZABETH MAME STREET ADDRESS 880 NE 69TH STREET STREET ADDRESS CHY-ST-ZIP MIAMI FL 33138 CHY-ST-ZIP ☐ Delete THE Change ☐ Addition NAME ARSAN, RENE NAME STREET ADDRESS 880 NE 69TH ST STREET ADDRESS CITY-ST-7IP CITY ST-ZIP MIAMI FL 33138 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

LLINORE HOFKNER

FILED

305-754-5411