

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 019 ****61.25

DOCUMENT # 744480 1. Entity Name STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 400 ISLAND WAY CLEARWATER, FL 33767	Mailing Address 400 ISLAND WAY CLEARWATER, FL 34630
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

50007132

01052005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent WARD, CARLTON PA 1253 PARK STREET CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

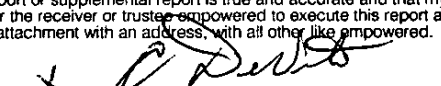
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVITO, CARMI 400 ISLAND WAY, UNIT 104 CLEARWATER, FL 33767 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERINS, ROBERT 400 ISLAND WAY, UNIT 403 CLEARWATER, FL 33767 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAW, LEROY 400 ISLAND WAY, UNIT 1701 CLEARWATER, FL 33767 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIGENLL, SUE 400 ISLAND WAY, UNIT 1407 CLEARWATER, FL 33767 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNNER, PAT 400 ISLAND WAY, UNIT 1512 CLEARWATER, FL 33767 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, DAVID 400 ISLAND WAY, UNIT 712 CLEARWATER, FL 33767 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRARY, TIMOTHY 400 ISLAND WAY, UNIT 1404 CLEARWATER, FL 33767 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, KEVIN 400 ISLAND WAY, UNIT 1012 CLEARWATER, FL 33767 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILGO, ROBERT M. 400 ISLAND WAY, UNIT 1704 CLEARWATER, FL 33767 ☒ Change ☐ 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** _____ Date _____ Daytime Phone # _____