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.

50007132

Principal Place of Business	Mailing Address
400 ISLAND WAY CLEARWATER, FL 33767	400 ISLAND WAY CLEARWATER, FL 34630

01052005 Chg-NP CR2E037 (10/03)

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 59-1852193 ☐ 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
WARD, CARLTON PA 1253 PARK STREET CLEARWATER, FL 33756	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. 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 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEVITO, CARMINE 400 ISLAND WAY, UNIT 104 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	T FRARY, TIMOTHY 400 ISLAND WAY, UNIT 1404 CLEARWATER, FL 33767 ☒ Change ☐ Addition
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 BARRY, KEVIN 400 ISLAND WAY, UNIT 1012 CLEARWATER, FL 33767 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBSTER, DAVID 400 ISLAND WAY, UNIT 712 CLEARWATER, FL 33767	☒ Delete	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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #