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

Mar 12, 2007 8:00 am Secretary of State **DOCUMENT # 744480** 1. Entity Name 03-12-2007 90097 009 ****61.25 STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 400 ISLAND WAY 15 400 ISLAND WAY CLEARWATER FL 33767 CLEARWATER FL 34630 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1852193 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 2401 W BAY DR STE 414 LARGO FL 33770-1941 City 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) -2 - -2 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete DILE TITLE NAME DEVITO, CARMINE NAME STREET ADDRESS STREET ADDRESS 400 ISLAND WAY, UNIT 104 CITY-ST-ZIP **CLEARWATER FL 33767** CITY-ST-7IF TITLE VΡ TITLE Change ☐ Addition NAME KERINS, ROBERT NAME STREET ADDRESS 400 ISLAND WAY, UNIT 403 STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33767** CITY-ST-7IP TITLE DILE ☐ Change ☐ Addition NAME NAME 905 ROUSKAG, MICHAEL SURFEE ADDRESS STREET ADORESS 400 ISLAND WAY CITY-SY-ZIP CITY - ST - ZIP CLEARWATER FL 33767 ☐ Delete ШЩ HILE Change Addition NAME NAME FRARY, TIMOTHY STREET ADDRESS STREET ADDRESS 400 ISLAND WAY, UNIT 1407 CITY-ST-74P CITY - ST - ZIP **CLEARWATER FL 33767** TITLE TITLE ☐ Change ☐ Addition Qelete NAME BARRY, KEVIN NAME STREET ADDRESS 400 ISLAND WAY, UNIT 1012 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33767** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition HERSHMAN, JON NAME STREET ADDRESS 400 ISLAND WAY STREET ADDRESS City-St-7iP **CLEARWATER FL 33767** CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-21-57

127-446-6014

FILED