2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 744480

Entity Name: STARBOARD TOWER, CLIPPER COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 ISLAND WAY
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

400 ISLAND WAY
CLEARWATER, FL 34630

New Mailing Address:

FEI Number: 59-1852193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEVITO, ELIZABETH
Address: 400 ISLAND WAY, UNIT 104
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP ( ) Delete
Name: BERMADETTE, TRACY
Address: 400 ISLAND WAY UNIT 1407
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete
Name: MOHAMED, M H
Address: 400 ISLAND WAY #905
City-St-Zip: CLEARWATER, FL 33767

Title: T (X) Delete
Name: FRARY, TIMOTHY
Address: 400 ISLAND WAY, UNIT 1407
City-St-Zip: CLEARWATER, FL 33767

Title: S (X) Delete
Name: HERSHMAN, JON
Address: 400 ISLAND WAY
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BRUNNER, PATRICE
Address: 400 ISLAND WAY UNIT 1512
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: T/S (X) Change ( ) Addition
Name: PRIHODA, JIM H
Address: 400 ISLAND WAY #707
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH DEVITO P 03/31/2009

Electronic Signature of Signing Officer or Director — Date