

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 018 ****61.25

DOCUMENT # 758649 1. Entity Name CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907 US		Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907 US	
2. Principal Place of Business C/O PALMSTATE MANAGEMENT		3. Mailing Address 6385 PRESIDENTIAL CT	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. #101	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33919		Zip 33919	
Country USA		Country USA	
4. FEI Number 59-2168289		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENSON, MARK R BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name COPELAND, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 6385 PRESIDENTIAL CT #101 City FORT MYERS FL Zip 33919	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>William G. Copeland</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 4/28/06 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SEGROVES, JAY W 4647 SE 17TH PL #102 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIANO, ANTHONY 4647 SE 17th PL #304 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANK, NEIL 4703 SE 17 PLACE #305 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIATANIA, SAMUEL 4719 SE 17th PL #304 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELSON, MARY 4703 SE 17 PLACE #103 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERT, DARLENE M 4647 SE 17th PL #304 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALABY, LYNN 4647 SE 17 PLACE #301 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCATEE, BRETT 4703 SE 17th PL #304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHIGAN, RICHARD 4647 SW 17 PLACE #305 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Anthony Mariano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/28/06 239 <small>Date Daytime Phone #</small>	