2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758649

FILED Mar 05, 2009 Secretary of State

Entity Name: CLIPPER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O SCHOO MANAGEMENT 9411 CYPRESS LAKE DRIVE 12650 WHITEHALL DR SUITE 2 FORT MYERS, FL 33907 US FORT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** 9411 CYPRESS LAKE DR. 9411 CYPRESS LAKE DRIVE STE 2 SUITE 2 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 FEI Number: 59-2168289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHOO, PATRICIA C/O SCHOO MANAGEMENT 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARIANO, ANTHONY Name: Name: 4647 SE 17TH PL #306 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: Title: () Delete () Change () Addition HALBY, LYNN Name: Name: Address: 4647 SE 17 PL #301 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: Title: (X) Change () Addition () Delete SHARP, JIM GRASSO, ANTHONY Name: Name: 4719 SE 17 PL #305 4719 SE 17 PL #308 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change () Addition Name: HUGHES, TERI Name: HOFFMAN, DALE Address: 4719 SE 17TH PL #303 Address: 4719 SE 17TH PL #102 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change () Addition SKIDELSKY, SHELLY SKIDELSKY, SHELLY Name: Name: 2225 SE 28 28 TERR 2225 SE 28TH TERR Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

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: ANTHONY MARIANO P 03/05/2009