


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 049 ****61.25

DOCUMENT # 764570 1. Entity Name CLIPPER COVE TOWNHOME HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 228 AMBERJACK #33 (32548) P.O. BOX 2259 FT. WALTON BEACH, FL 32549-6226			Mailing Address 228 AMBERJACK #33 (32548) P.O. BOX 2259 FT. WALTON BEACH, FL 32549-6226		
2. Principal Place of Business - No P.O. Box # 228 AMBERJACK Dr - OFFICE		3. Mailing Address 228 AMBERJACK Dr			
Suite, Apt. #, etc. OFFICE		Suite, Apt. #, etc. OFFICE			
City & State FT WALTON Bch, FL		City & State FT WALTON Bch		4. FEI Number 59-2506092	
Zip 32548		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, RIGGS & INGRAM, LLP 248 SW MIRACLE STRIP PKWY, #34 FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name CARR, RIGGS & INGRAM, LLC Street Address (P.O. Box Number is Not Acceptable) 151 MARY ESTHER BLVD SUITE 301 City MARY ESTHER FL Zip Code 32569		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD THOMAS, JOHN 228 AMBERJACK DR #4 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN THOMAS 228 AMBERJACK DR #4 FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARYANN 228 AMBERJACK DR #36 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARYANN 228 AMBERJACK DR #36 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUENCH, MARY 702 SAILFISH DR. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUENCH, MARY 702 SAILFISH DR. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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>John W. Thomas</i> John W. Thomas			4/21/2008 (850)244-3551		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		