

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764570

FILED
Feb 08, 2011
Secretary of State

Entity Name: CLIPPER COVE TOWNHOME HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

228 AMERJACK DR.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

12889 EMERALD COAST PARKWAY
SUITE 110-A
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

228 AMERJACK DR.
P.O. BOX 2259
FORT WALTON BEACH, FL 32548

New Mailing Address:

P.O. BOX 2620
FORT WALTON BEACH, FL 32549 US

FEI Number: 59-2506092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, RIGGS & INGRAM, LLC
151 MARY ESTHER BLVD.
STE. 301
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

CARVER, DARDEN, KORETZKY, TESSIER, FINN
801 W. ROMANA STREET
SUITE A
PENSACOLA, FL 32502 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: MATTHEW HOFFMAN

02/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MATTISON, MEL
Address: P.O. BOX 2620
City-St-Zip: FORT WALTON BEACH, FL 32549 US

Title: VPD
Name: BOUSQUET, PAMELA
Address: P.O. BOX 2620
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: STD
Name: MILLER, MARY ANN
Address: P.O. BOX 2620
City-St-Zip: FORT WALTON BEACH, FL 32549

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN MILLER

STD

02/08/2011

Electronic Signature of Signing Officer or Director

Date