

2001 UNIFORM BUSINESS REPORT (UBR)

8.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-07-2001 90010 026 ****61.25

DOCUMENT # N00000000426

1. Entity Name

CLIPPER COVE AT BAL HARBOR II CONDOMINIUM ASSOCI

Principal Place of Business

2000 BAL HARBOR BLVD
PUNTA GORDA FL

Mailing Address

2000 BAL HARBOR BLVD
PUNTA GORDA FL

2. Principal Place of Business

3. Mailing Address

P.O. Box 380758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Murdock Florida

Zip

Country

Zip

Country

33938

USA

4. FEI Number

65-1116888

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Kristine Wishard

Street Address (P.O. Box Number is Not Acceptable)

2200 Kings Highway 31

Gateway Management

City

Port Charlotte

FL

Zip Code

33980

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.

SIGNATURE

Kristine Wishard, Kristine Wishard, Manager

6/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME BOFF, JOSEPH D
STREET ADDRESS 8401 INDIAN WELLS WAY
CITY-ST-ZIP NAPLES FL 34113

Delete

TITLE D
NAME Teri Wilson
STREET ADDRESS 942 North Collier Blvd
CITY-ST-ZIP Marco Island, FL 34145

Change

Addition

TITLE D
NAME GLEAN, ROBERT
STREET ADDRESS 4829 S.W. 23RD AVE
CITY-ST-ZIP CAPE CORAL FL 33914

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D
NAME OYER, STEVE
STREET ADDRESS 928 NORTH COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL 34145

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)