

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90095 022 \*\*\*\*61.25

**DOCUMENT # N00000000426**

1. Entity Name

**CLIPPER COVE AT BAL HARBOR II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**2000 BAL HARBOR BLVD  
PUNTA GORDA FL**

Mailing Address

**PO BOX 380758  
MURDOCK FL 33938**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**WISHARD, KRISTINE  
2200 KINGS HIGHWAY 3J  
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name **Wishard, Kristine**

Street Address (P.O. Box Number is Not Acceptable)  
**23081 Harborview Road**

City **Charlotte Harbor**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kristine Wishard*

**3/10/03**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VP	HILTZ, MARILYN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2000 BAL HARBOR BLVD #912		
CITY-ST-ZIP	PUNTA GORDA FL 33950		
<input checked="" type="checkbox"/> Delete			
TD	KROEGER, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2000 BAL HARBOR BLVD #822		
CITY-ST-ZIP	PUNTA GORDA FL 33950		
<input type="checkbox"/> Delete			
PD	PIERPONT, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2000 BAL HARBOR BLVD #1011		
CITY-ST-ZIP	PUNTA GORDA FL 33950		
<input type="checkbox"/> Delete			
SD	EDGINTON, SHARMAINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2000 BAL HARBOR BLVD #923		
CITY-ST-ZIP	PUNTA GORDA FL 33950		
<input checked="" type="checkbox"/> Delete			
D	EITENMILLER, KENNETH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2000 BAL HARBOR BLVD #811		
CITY-ST-ZIP	PUNTA GORDA FL 33950		
<input type="checkbox"/> Delete			
STD	Eitenmiller, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2000 Bal Harbor Blvd, #811		
CITY-ST-ZIP	Punta Gorda, FL 33950		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E037 (10/02)

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 with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Robert W. Kroeger 3/10/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR