

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005348

1. Entity Name

CLIPPER COVE AT BAL HARBOR III CONDOMINIUM ASSOC

Principal Place of Business

2000 BAL HARBOR BLVD.
PUNTA GORDA FL 33960

Mailing Address

2000 BAL HARBOR BLVD.
PUNTA GORDA FL 33960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 380758

Suite, Apt. #, etc.

City & State

Murdock, Florida 33938

Zip

33938

Country

USA

4. FEI Number

65-1116889

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANLEY, JOHN F
2660 AIRPORT RD. SOUTH
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Kristine Wishard

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

2200 Kings Highway 3J

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

7/25/01

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 \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOFF, JOSEPH D	
STREET ADDRESS	8401 INDIAN WELLS WAY	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	OYER, STEVE	
STREET ADDRESS	928 NORTH COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, JOHN F	
STREET ADDRESS	2660 AIRPORT RD. SOUTH	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teri Wilson	
STREET ADDRESS	942 N. Collier Blvd	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

08-07-2001 90010 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)