

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005348

1. Entity Name

CLIPPER COVE AT BAL HARBOR III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2000 BAL HARBOR BLVD.
PUNTA GORDA FL 33950

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

65-1116889

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

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

Name

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

City

FL

Zip Code

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME WILSON, TERI
STREET ADDRESS 942 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE 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 #

2/4/02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)