



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000004277</b> 1. Entity Name CLIPPER COVE VILLAGE 22-24 ASSOCIATION, INC.				FILED 05 JUL 25 AM 10:19 SECRETARY OF STATE TALLAHASSEE, FL	
Principal Place of Business 23081 HARBORVIEW RD CHARLOTTE HARBOR, FL 33980		Mailing Address P.O. BOX 380758 MURDOCK, FL 33938			
2. Principal Place of Business 2002 Bal Harbor Blvd		3. Mailing Address Suite, Apt. #, etc. Star Hospitality Mgmt. Inc. 6025 Taylor Rd. #2 Punta Gorda, FL 33950			
City & State Punta Gorda, FL Zip 33950 Country USA		City & State Punta Gorda, FL 33950 Zip 33950 Country USA			
4. FEI Number 59-3751598 65-0170167		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 23081 HARBORVIEW RD CHARLOTTE HARBOR, FL 33980		7. Name and Address of New Registered Agent Star Hospitality Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Rd #2 Punta Gorda FL 33950			
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 <u>Sherry Danlio</u> 7-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$297.50</b> 122.50				Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ASHTON, VICTORIA 760 SEXTANT DR #1081 SANIBEL ISLAND, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Judith Barnes 2002 Bal Harbor Blvd #2312 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHIARINI, JOHN 2002 BAL HARBOR BLVD #2321 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary Ann Rogers 2002 Bal Harbor Blvd #2412 Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROGERS, MARY ANN 2002 BAL HARBOR BLVD #2412 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Heiti 2002 Bal Harbor Blvd Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000057864390 07/25/05--01068--003 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STATEMENT 04-05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STATEMENT 04-05		
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: <u>Judith Barnes</u> 12 Jul 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**Clipper Cove Village 22-24 Association, Inc.  
C/O Star Hospitality Management, Inc.  
6025 Taylor Road, Suite 2  
Punta Gorda, FL 33950  
Telephone (941) 575-6764  
Fax (941) 575-7968**

**Division of Corporations  
POB 6327  
Tallahassee, FL 32314  
Re: Document #N01000004277**

**To Whom it May Concern:**

**Please be advised that we are requesting a waiver for the late fees on this reinstatement. We have recently taken it over from another management company and found that they never submitted the 2005 Corporate Report. We do not feel that they should be penalized for the prior management company's lack of action. Had the association known, they would have promptly submitted the report.**

**If you have any questions, please do not hesitate to call.**

**Thanks for your time and consideration.**

**Sincerely,**



**Gene Kelley, CAM  
Manager  
Star Hospitality Management, Inc.**