

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90131 007 ****61.25

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1. Entity Name
CLIPPER COVE VILLAGE 22-24 ASSOCIATION, INC.



Principal Place of Business
**2002 BAL HARBOR BLVD
PUNTA GORDA, FL 33950**

Mailing Address
**STAR HOSPITALITY MGMT, INC.
6025 TAYLOR RD #2
PUNTA GORDA, FL 33950**

50006320



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3751598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR RD #2
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

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

SIGNATURE

Mary Ann Rogers

Mary Ann Rogers

3/24/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARNES, JUDITH	
STREET ADDRESS	2002 BAL HARBOR BLVD #2312	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, MARY ANN	
STREET ADDRESS	2002 BAL HARBOR BLVD #2412	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEITI, JOHN R	
STREET ADDRESS	2002 BAL HARBOR BLVD #2411	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred M. Barr	
STREET ADDRESS	2002 Bal Harbor Blvd #2402	
CITY-ST-ZIP	Punta Gorda FL 33950	
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 exemptions contained in Chapter 119, 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:

Mary Ann Rogers Vice President

3/24/06

(941) 637-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #