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

FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 91380 045 ****61.25

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DOCUMENT # N01000004277

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

Principal Place of Business	Mailing Address
942 N COLLIER BLVD MARCO ISLAND FL 34145	942 N COLLIER BLVD MARCO ISLAND FL 34145

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
23081 Harborview Road	P O Box 380758
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charlotte Harbor, FL	City & State: Murdock, FL
Zip: 33980 Country: USA	Zip: 33938 Country: USA

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	7. Name and Address of New Registered Agent
STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH NAPLES FL 34112	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 4/21/03
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST BOFF, JOSEPH D 942 N COLLIER BLVD MARCO ISLAND FL 34145	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S-T ST Ashton, Victoria 760 Sextant Dr, #1081 Sanibel Island, FL 33957	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OYER, STEVEN D 942 N COLLIER BLVD MARCO ISLAND FL 34145	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P P Chiarini, John 2002 Bal Harbor Blvd, #2321 Punta Gorda, FL 33950	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, TERI L 942 N COLLIER BLVD MARCO ISLAND FL 34145	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP VP Rogers, Mary Ann 2002 Bal Harbor Blvd, #2412 Punta Gorda, FL 33950	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 4-23-03 941-629-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #