2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90012 017 ****61.25

DOCUMENT # N01000007010

1. Entity Name

CLIPPER COVE VILLAGE MASTER CONDOMINIUM ASSOCIATION, INC.



40054560 Principal Place of Business Mailing Address 6025 TAYLOR ROAD, SUITE 2 6025 TAYLOR ROAD, SUITE 2 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3751596 Not Applicable Zip Country Country \$8.75 A. Iditional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAR HOSPITALITY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 6025 TAYLOR ROAD STE #2 PUNTA GORDA, FL 33950 City 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 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT SHELBON HAMLIS TITLE Delete TITLE Addition D'EUGENIO, DANIEL NAME NAME 2003 BAL MARBOR #1811 STREET ADDRESS 2002 BAL HARBOR BLVD #922 STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP PUNTA GONSA, FL. 33950 VILE PRESIDENT SOE DAVIS 2002 BAL HARBOL #/284 VP TITLE Detete TITLE ☐ Change ☐ Addition NILSSON, SVEN NAME NAME STREET ADDRESS 2002 BAL HARBOR BLVD #1611 STREET ADDRESS CITY - ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP PUNTA GONDA, FL. 33450 TITLE ☐ Delete TITLE ☐ Change Addition PORT, ODETTE NAME NAME STREET ADDRESS 2002 BAL HARBOR BLVD #1812 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP SECRETARY ☐ Delete TITLE ☐ Change Addition DAIRTIE MILLER NAME does BALHAROR #1483 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GONDA, FL. 339 50 CITY-ST-ZIP DIRETOR TITLE ☐ Delete TITLE ☐ Change Addition NAME JOHN CHIARINI NAME STREET ADDRESS STREET ADDRESS ADDA BAL HAMBOR #1211 CITY-ST-ZIP CITY-ST-ZIP PUNTA GONA, FL. 33980 TITLE ☐ Defete TITLE [1] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Lord JOE DAMS

3/0/08 94

941-575-6764

Daytime Phone #