2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N01000007010

Entity Name: CLIPPER COVE VILLAGE MASTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6025 TAYLOR ROAD, SUITE 2
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

2002 BAL HARBOR BLVD
PUNTA GORDA, FL 33950 US

Current Mailing Address:

6025 TAYLOR ROAD, SUITE 2
PUNTA GORDA, FL 33950 US

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

FEI Number: 59-3751596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD
STE #2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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: _____ 02/13/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARRIS, SHELDON
Address: 2002 BAL HARBOR 1811
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VP ( ) Delete
Name: DAVIS, JOE
Address: 2002 BAL HARBOR 1322
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: T ( ) Delete
Name: PORT, ODETTE
Address: 2002 BAL HARBOR BLVD #1812
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: S ( ) Delete
Name: MILLER, DANETTE
Address: 2002 BAL HARBOR 1422
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: CHIARINI, JOHN
Address: 2002 BAL HARBOR 2321
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON HARRIS P 02/13/2009
Electronic Signature of Signing Officer or Director — Date