2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N020000000010								FILED 05 JUL 25 AM ID: 11					
CLIPPER COVE VILLAGE 7-9 ASSOCIATION, INC.													
Principal Place of Business Mailing Address 2002 BAL HARBOR BLVD P.O. BOX 380758 PUNTA GORDA, FL 33950 MURDOCK, FL 33938								SECRITATION OF THE PARTY OF THE					
2. Principal P	lace of Busin	ness	3. Mail	3. Mailing Address									
Suite, Apt. #, etc.				Suit Star Hospitality Mgmt. Inc.				06242005 _R	EIN-NP	CR2E099	(6/04)		
City & State			Cit	City & Signo Taylor Rd. #2 Punta Gorda, FL 33950				4. FEI Number -16-16413	21—165°	017016		plied For Applicable	
Zip -		Country	Ziç	Zip Cou			5. Certificate of Status Desired S8.75 Additional Fee Required					itional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
WISEMAN, TAMELA EADY~						Name Start to Spitality Management, Inc. Street Address (P.O. Box Number is Not Addeptable)							
9TE 203- NAPLES, FL 34102													
NAFLES, FL 34102						City Punta Boxda FL 722950							
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 17-9-05													
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$297.50									1	Make check pa rida Departme	•		
10.		OFFICERS AND D	DIRECTORS		11.			ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIREC	TORS IN		
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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 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.													
SIGNAT	'URE: _	vanier i	\sim c	ugenn				7/12/05/					

Clipper Cove Village 7-9 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 #N0200000010

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 2003 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,

Manager

Gene Kelley, CAM

Star Hospitality Management, Inc.