

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004580

FILED
May 11, 2006
Secretary of State

Entity Name: CLIPPER COVE VILLAGE 1-3 ASSOCIATION, INC.

Current Principal Place of Business:

23081 HARBORVIEW ROAD, 2ND FLOOR
PORT CHARLOTTE, FL 33950

New Principal Place of Business:

2002 BAL HARBOR BLVD
PUNTA GORDA, FL 33950

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 339380758 US

New Mailing Address:

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

FEI Number: 20-0556934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
23081 HARBORVIEW ROAD, 2ND FLOOR
PORT CHARLOTTE, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD
SUITE #2
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: SHERRY DANKO

05/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: BOFF, JOE
Address: 23081 HARBORVIEW ROAD
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: VPT () Delete
Name: WILSON, TERRI
Address: 23081 HARBORVIEW ROAD
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: D () Delete
Name: OYER, STEVEN
Address: 23081 HARBORVIEW ROAD
City-St-Zip: PORT CHARLOTTE, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEEMON, JOSEPH
Address: 2002 BAL HARBOR BLVD #312
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPT (X) Change () Addition
Name: MOCNY, RICHARD
Address: 2002 BAL HARBOR BLVD #212
City-St-Zip: PUNTA GORDA, FL 33950

Title: S/T (X) Change () Addition
Name: SMITH, STEVEN
Address: 2002 BAL HARBOR BLVD
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH LEEMON

PRES

05/11/2006

Electronic Signature of Signing Officer or Director

Date