


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90033 049 ****61.25

| | | | | | |
|--|----------------------------|--|---|---|---|
| DOCUMENT # N02000004581 1. Entity Name CLIPPER COVE VILLAGE 4-6 ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2002 BAL HARBOR BLVD PUNTA GORDA, FL 33950 US | | | Mailing Address C/O STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD SUITE #2 PUNTA GORDA, FL 33950 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL 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 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PRES | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, KENNETH | | | NAME | |
| STREET ADDRESS | 2002 BAL HARBOR BLVD #611 | | | STREET ADDRESS | |
| CITY - ST - ZIP | PUNTA GORDA, FL 33950 | | | CITY - ST - ZIP | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUSHING, LORRAINE | | | NAME | |
| STREET ADDRESS | 2002 BAL HARBOR BLVD. #512 | | | STREET ADDRESS | |
| CITY - ST - ZIP | PUNTA GORDA, FL 33950 | | | CITY - ST - ZIP | |
| TITLE | S/T | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENDRICK, EILEEN | | | NAME | |
| STREET ADDRESS | 2002 BAL HARBOR BLVD. #412 | | | STREET ADDRESS | |
| CITY - ST - ZIP | PUNTA GORDA, FL 33950 | | | CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | |
| 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 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: <u>Kenneth H. Wilson</u> 2/5/07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |