


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90233 039 ****61.25

DOCUMENT # N41617	
1. Entity Name CLIPPER BAY VERANDAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PARKWAY, STE 103 FORT MYERS, FL 33919 US	Mailing Address THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PARKWAY, STE 103 FORT MYERS, FL 33919 US
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40065312



1755 Cape Coral Pkwy. E. P.O. Box 100831

2. Principal Place of Business - No P.O. Box # 1755 Cape Coral Pkwy. E.	3. Mailing Address P.O. Box 100831
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State Cape Coral FL	City & State Cape Coral FL
Zip 33904	Zip 33904
Country USA	Country USA

4. FEI Number 65-0241700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2503 Del Prado Blvd. #500 City Cape Coral FL Zip Code 33904
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDRAK, BARBARA 1765 CAPE CORAL PKWY E, #214 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRAPPER, ED 1755 CAPE CORAL PKWY E #101 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTO, DANIEL 1765 CAPE CORAL PKWY E #203 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, CLEMENS 1755 CAPE CORAL PKWY 116 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, KATHLEEN 1755 CAPE CORAL PKWY E 114 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shelley Magnagi Baringer 1765 Cape Coral Pkwy. E #206 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *D. Motto* 4/6/07 (813) 276-6107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #