2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N95000004387

Entity Name: CLIPPER COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0648895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: NICKLAUS, RONALD
Address: 3808 CLIPPER COVE DR.
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete
Name: MEARS, WILLIAM
Address: 3804 CLIPPER COVE DR
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: KRAUS, LEE
Address: 38553 CLIPPER COVE DR
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: SHEPARD, FRANCIS
Address: 3892 CLIPPER COVE DR.
City-St-Zip: NAPLES, FL

Title: DVP ( ) Delete
Name: QUINN, JAMES
Address: 3856 CLIPPER COVE DR
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: KRAUS, LEE
Address: 3853 CLIPPER COVE DR
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: KUSICK, MARILYN
Address: 3884 CLIPPER COVE DR.
City-St-Zip: NAPLES, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM MEARS D/P 04/25/2005

Electronic Signature of Signing Officer or Director — Date