

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004387

FILED
Apr 23, 2009
Secretary of State

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: DVT () Delete
Name: ROSTMEYER, R.C.
Address: 3864 CLIPPER COVE DR.
City-St-Zip: NAPLES, FL

Title: DP () Delete
Name: NOER, KATHLEEN
Address: 3849 CLIPPER COVE DR.
City-St-Zip: NAPLES, FL 34112

Title: DS () Delete
Name: KRAUS, LEE
Address: 3853 CLIPPER COVE DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: O'BRIEN, RICHARD
Address: 3816 CLIPPER COVE DR.
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: QUINN, JIM
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHY NOER

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date