

2001 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-07-2001 90010 028 ***61.25

DOCUMENT # N98000005526

1. Entity Name

CLIPPER COVE AT BAL HARBOR I CONDOMINIUM ASSOCIA

Principal Place of Business

942 N. COLLIER BLVD.
 MARCO ISLAND FL 34145

Mailing Address

942 N. COLLIER BLVD.
 MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Clipper Cove Condo Assoc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 380758

City & State

City & State
 Murdock, FL

4. FEI Number

59-3598847

Applied For

Not Applicable

Zip

Country

Zip

Country

33938-0758

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Kristine Wishard

Street Address (P.O. Box Number is Not Acceptable)
 2200 Kings Highway, Ste 3-J

Gateway Association Management

City Port Charlotte

FL

Zip Code 33980

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.

SIGNATURE

Kristine Wishard

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/19/01
 DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME BOFF, JOSEPH D
 STREET ADDRESS 942 N. COLLIER BLVD.
 CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE VD
 NAME GLEASON, ROBERT
 STREET ADDRESS 4829 SW 23RD AVENUE
 CITY-ST-ZIP FORT MYERS FL 33914 ☒ Delete

TITLE VD
 NAME OYER, STEPHEN D
 STREET ADDRESS 928 N. COLLIER BLVD.
 CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
 NAME Teri Wilson
 STREET ADDRESS 942 N. Collier Blvd
 CITY-ST-ZIP Marco Island, FL 34145 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Teri Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (5/01)