

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005526**

1. Entity Name

**CLIPPER COVE AT BAL HARBOR I CONDOMINIUM ASSOCIA
TION, INC.**

Principal Place of Business

**942 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

Mailing Address

**CLIPPER COVE CONDO ASSOCIATION
P O BOX 380758
MURDOCK FL 33938-0758**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598847

Applied For

Not Applicable

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

**WISHARD, KRISTINE
2200 KINGS HIGHWAY STE 3-J
GATEWAY ASSOCIATION MANAGEMENT
PORT CHARLOTTE FL 33980**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOFF, JOSEPH D	
STREET ADDRESS	942 N. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, TERI	
STREET ADDRESS	942 N COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OYER, STEPHEN D	
STREET ADDRESS	928 N. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Lorton	
STREET ADDRESS	2000 Bal Harbor Blvd #211	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Anderson	
STREET ADDRESS	2000 Bal Harbor Blvd #212	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Cushing	
STREET ADDRESS	2000 Bal Harbor Blvd #314	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Scattergood	
STREET ADDRESS	28 Broad Street	
CITY-ST-ZIP	Mount Holly, NJ 08060	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Connelly	
STREET ADDRESS	2000 Bal Harbor Blvd #324	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90297 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)