## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

6355 22ND AVE NW

NAPLES FL 34119

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000065619**1. Corporation Name

Principal Place of Business

6355 22ND AVE NW NAPLES FL 34119

CLIPPER COVE DEVELOPMENT CORPORATION, INC.

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	•				<ol> <li>Date Incorporated or Qualifity</li> <li>08/23/1995</li> </ol>	ed		
<ol><li>Principal</li></ol>	Place of Business	2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26			65-0613606		No	t Applicable
Suite, Ap	t # etc	Suite, Apt. #, etc.					\$8.75	Additional
					5. Certifcate of Status Desired		Fee Re	1
22					<u> </u>			·
City & Sta	ate	City & State			6. Election Campaign Financir	ıg □.	\$5.00	7
23		28			Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the co	urrent year Intai	ngible	
24	25	29	30		Personal Property Tax.	Ţ.	ŬYes	□No
24	1-5		301		10. Name and Address of New	w Registered A	nent	
	9. Name and Address of Curre	Registered Agent	81	Name	10. Name and Address of No.	ii itogistorou A	190111	
	WOOL THOUSE	and the state of the state of the state of	[81	Name				
CONROY, J. THOMAS III			82	Stroot Adde	nee (P.O. Boy Number is Not Acce	ntable)		
CLIPMORRISON & CONROY, P.A.M. CERPORATION AND			102	82 Street Address (P.O. Box Number is Not Acceptable)				
3838 TAMIAMI TR N , STE 402			83	83				13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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141 Direction	nt to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	es the abov	/e-named com	oration submits this statement for t	he purpose of c	hanging its	registered
ON office or	registered agent, or both, in the State	of Florida: Such change was a	uthorized by	the corporation	on's board of directors. I hereby ac	cept the appoint	tment as re	gistered
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes	s.	•			
SIGNATÛRE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Age	ent signature required	d when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	RS IN 12
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6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

01-28-1999 90024 008 \*\*\*150.00

14. 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 annual report or supplemental annual 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 of the receiver or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or order attachment with an address, with all other like empowered.