## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 744480** 

Entity Name: STARBOARD TOWER, CLIPPER COVE CONDOMINIUM

ASSOCIATION, INC.

700001/11014, 1140.

Current Principal Place of Business: C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104

ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-1852193 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC. C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

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: ANNETTE BYRD 04/27/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name ZALESKI, EDWARD F. Name MANGAS, RICHARD

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER Title SECRETARY

Name HENRY, SHAWN Name HOFFER, NICHOLAS J.

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

TitleDIRECTORTitleDIRECTORNameBRUNNER, PATRICENameLEWIS, GUS

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR

Name LEWIS, CAROL Name CARDULLIAS, PETER J. II

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

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I hereby 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 all other like empowered.

SIGNATURE: EDWARD F ZALESKI PRESIDENT 04/27/2024

FILED Apr 27, 2024

Secretary of State

6421709647CC

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name CORICH, MARK Name COULOMBE, DONNA S.

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

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