


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 011 ****61.25

DOCUMENT # N03000009844

1. Entity Name
THE ADMIRAL AT JUPITER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**500 SOUTH U.S. HIGHWAY ONE
 JUPITER, FL 33477**

Mailing Address
**500 SOUTH U.S. HIGHWAY ONE
 JUPITER, FL 33477**

54056090

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

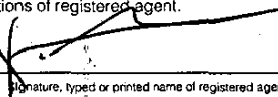
3. Mailing Address
**1930 ~~AVENUE~~ COMMERCE LANE #2001
 STE 1
 Jupiter FL
 33458 US**



6. Name and Address of Current Registered Agent
**HASTINGS, VIVIAN N. STEVEN STRULOWITZ
 24301 WALDEN CENTER DRIVE #300
 BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code
Jupiter, FL 33477

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, GREGORY M 11631 KEW GARDENS AVENUE SUITE 201 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUMMOND, PAUL B 24301 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TIEBOUT-TOURON, MARCIENNE 24301 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEVEN STRULOWITZ 500 US Hwy #1 #504 Jupiter, FL 33477	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER 500 US Hwy #1 #501 Jupiter, FL 33477	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **2/20/04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR