

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 036 ****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
 1930 COMMERCE LANE
 STE 1
 JUPITER, FL 33458



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02042005 Chg-NP CR2E037 (10/03)

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-0396597 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|------------------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STRULOWITZ, STEVEN 500 US HWY 1 #504 JUPITER, FL 33477 | | Name STEVE INGLIS, PCAM | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1930 Commerce Lane, Suite 1 | |
| | | Bristol Management Services, Inc. | |
| | | City Jupiter, | FL FL Zip Code 33458 |

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: *Steve Inglis* DATE: **3-21-2005**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Filing Fee is \$61:25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| TITLE P | STRULOWITZ, STEVEN 500 US HWY 1 #504 JUPITER, FL 33477 | TITLE E | ROSE, MARVIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | 500 US Hwy. One, #303 |
| STREET ADDRESS | | STREET ADDRESS | Jupiter, FL 33477 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE PD | DRUMMOND, PAUL B 500 US HWY #1 #501 JUPITER, FL 33477 | TITLE VP/Secy. | WELSH, ELAINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | 500 US Hwy. One, #501 |
| STREET ADDRESS | | STREET ADDRESS | Jupiter, FL 33477 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE F | FERGUSON, SANDRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | 500 S. US Hwy. One, #403 |
| STREET ADDRESS | | STREET ADDRESS | Jupiter, FL 33477 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE D | BOXILL, HERBERT J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | 500 S. US Hwy. One, #401 |
| STREET ADDRESS | | STREET ADDRESS | Jupiter, FL 33477 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Marvin E. Rose* DATE: **3/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR