

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2: 15

DOCUMENT # **N18058** (0)  
1. Corporation Name  
**CAPTAIN'S WAY AT ADMIRAL'S COVE CONDOMINIUM ASSO  
CIATION, INC.**

Principal Place of Business Mailing Address  
**300 ADMIRALS COVE BLVD. JUPITER FL 33477** **300 ADMIRALS COVE BLVD. JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1986** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **59-2845005** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**ADMIRAL'S COVE MGMT. CO.  
200 ADMIRALS COVE BLVD.  
JUPITER FL 33477**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b>
NAME	<b>JEANNE, WILLIS P</b>
STREET ADDRESS	<b>1504 CAPTIAN'S WAY</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>-VPD-</b>
NAME	<b>NORDIN, ROBERT F</b>
STREET ADDRESS	<b>804 CAPTAINS WAY</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>-PD-</b>
NAME	<b>BARR, JACK</b>
STREET ADDRESS	<b>1503 CAPTIAN'S WAY</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>ATD</b>
NAME	<b>EDWARD, JAY</b>
STREET ADDRESS	<b>1104 CAPTAINS WAY</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>TD</b>
NAME	<b>WASSERMAN, EDWARD</b>
STREET ADDRESS	<b>804 CAPTAINS WAY</b>
CITY - ST - ZIP	<b>JUPITER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in change or on attachment with an address.

SIGNATURE: *Robert F. Nordin* **3/28/95** **407-744-1700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #