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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90110 034 \*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18058**

1. Corporation Name

**CAPTAIN'S WAY AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

200 ADMIRALS COVE BLVD.  
 JUPITER FL 33477

Mailing Address

200 ADMIRALS COVE BLVD.  
 JUPITER FL 33477



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/03/1986

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~SD~~  DELETE  
 NAME MCCAFFERTY, ROBERT  
 STREET ADDRESS 801 CAPTAINS WAY  
 CITY-ST-ZIP JUPITER FL 33477

TITLE  DELETE  
 NAME PD NORDIN, ROBERT F  
 STREET ADDRESS 904 CAPTAINS WAY  
 CITY-ST-ZIP JUPITER FL

TITLE  DELETE  
 NAME VPD LEGNOS, JOHN  
 STREET ADDRESS 3202 CAPTAINS WAY  
 CITY-ST-ZIP JUPITER FL

TITLE  DELETE  
 NAME ATD SUTON, RITA  
 STREET ADDRESS 3401 CAPTAINS WAY  
 CITY-ST-ZIP JUPITER FL

TITLE  DELETE  
 NAME TD WASSERMAN, EDWARD  
 STREET ADDRESS 804 CAPTAINS WAY  
 CITY-ST-ZIP JUPITER FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE VPD  Change  Addition  
 2.2 NAME George Isenberg  
 2.3 STREET ADDRESS 1502 CAPTAINS WAY  
 2.4 CITY-ST-ZIP Jupiter FL 33477

3.1 TITLE PD  Change  Addition  
 3.2 NAME DR. Thomas Powers  
 3.3 STREET ADDRESS 4002 CAPTAINS WAY  
 3.4 CITY-ST-ZIP Jupiter FL 33477

4.1 TITLE SD  Change  Addition  
 4.2 NAME Sutow Rita  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP 33477

5.1 TITLE ATD  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP 33477

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Edward Wasserman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (561) 744-1700 Ext. 2524  
 Date Daytime Phone #

CR2E037 (11/98)