


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90153 011 ****61.25

DOCUMENT # N18058			
1. Entity Name CAPTAIN'S WAY AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 200 ADMIRALS COVE BLVD. JUPITER FL 33477		Mailing Address P O BOX 9109 JUPITER FL 33468	
2. Principal Place of Business		3. Mailing Address <i>201 Admirals Cove Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>JUPITER</i>	
Zip		Zip <i>33477 Palm Beach</i>	
Country		Country	
6. Name and Address of Current Registered Agent ADIMRAL'S COMMUNITY SERVICES 200 ADMIRALS COVE BLVD. JUPITER FL 33477		4. FEI Number 59-2845005	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
Name		1st MOORE CR2E037 (10/04)	
Street Address (P.O. Box Number is Not Acceptable) <i>201 ADMIRALS COVE BLVD.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City		FL Zip Code	
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	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
FILE NOW: 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	VPD DRESSLER, ABBOTT 1603 CAPTAINS WAY JUPITER FL 33477	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD ARENS, DONALD DR 1904 CAPTAINS WAY JUPITER FL 33477	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>PD MELVIN COOPER</i>
STREET ADDRESS		STREET ADDRESS	<i>8001 CAPTAINS WAY</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>JUPITER, FL 33477</i>
TITLE	D ORLINER, MARTIN 3201 CAPTAINS WAY JUPITER FL 33477	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD SMITH, DAVID 1503 CAPTAINS WAY JUPITER FL 33477	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>TD Geoff rey Goldworn</i>
STREET ADDRESS		STREET ADDRESS	<i>904 CAPTAINS WAY</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>JUPITER, FL 33477</i>
TITLE	SD WEINER, SANDY 2202 CAPTAINS WAY JUPITER FL 33477	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SAPONARD, JOSEPH DR 2601 CAPTAINS WAY JUPITER FL 33477	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>D SUSAN MATRICIANI</i>
STREET ADDRESS		STREET ADDRESS	<i>604 CAPTAINS WAY</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>JUPITER, FL 33477</i>
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: <i>Sandra Weiner</i>		Date: <i>4/29/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>562-746-2769</i>	
<i>SANDRA WEINER</i>			