


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90001 017 ****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 201 ADMIRALS COVE BLVD. JUPITER, FL 33477
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50023834



07122006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2845005	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ADMIRAL'S COMMUNITY SERVICES
201 ADMIRALS COVE BLVD.
JUPITER, FL 33477

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRESSLER, ABBOTT 1603 CAPTAINS WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERNER, MELVIN 2001 CAPTAINS WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLINER, MARTIN 3201 CAPTAINS WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDWERN, GEOFFREY 904 CAPTAINS WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINER, SANDY 2202 CAPTAINS WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATRICIANI, SUSAN 604 CAPTAINS WAY JUPITER, FL 33477

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Martin H. Orliner Date: 7/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR