


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90048 022 ****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 <i>SAME</i> 201 ADMIRALS COVE BLVD. JUPITER, FL 33477
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40016605



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2845005	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

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DRESSLER, ABBOTT	
STREET ADDRESS	1603 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WERNER, MELVIN	
STREET ADDRESS	2001 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLINER, MARTIN	
STREET ADDRESS	3201 CAPATAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDWERN, GEOFFREY	
STREET ADDRESS	904 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINER, SANDY	
STREET ADDRESS	2202 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATRICIANI, SUSAN	
STREET ADDRESS	604 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____