

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90377 006 ****61.25

DOCUMENT # N18058



1. Entity Name
**CAPTAIN'S WAY AT ADMIRAL'S COVE CONDOMINIUM ASSO
CIATION, INC.**

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

2. Principal Place of Business 3. Mailing Address
PO Box 9109

Suite, Apt. #, etc. Suite, Apt. #, etc.
JUPITER FL

City & State City & State
JUPITER FL

Zip Country Zip Country
33468-9109 Palm Beach

4. FEI Number **59-2845005** Applied For
Not Applicable

Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**ADMIRAL'S COMMUNITY SERVICES
200 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRESSLER, ABBOTT 1603 CAPTAINS WAY JUPITER FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARENS, DONALD DR 1904 CAPTAINS WAY JUPITER FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLINER, HARTY 3201 CAPTAINS WAY JUPITER FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACCO, RONALD 102 CAPTAINS WAY JUPITER FL 33477 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINER, SANDY 2202 CAPTAINS WAY JUPITER FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVE Smith 1503 CAPTAINS WAY Jupiter, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR Joseph Saponaro 2601 Captains way Jupiter FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ **REQUIRED**

661-746-7769

CR2E037 (10/02)