

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Moriharn
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24057 (4)

1. Corporation Name
SPYGLASS AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
200 ADMIRAL'S COVE BLVD. JUPITER FL 33477

Mailing Address
200 ADMIRAL'S COVE BLVD. JUPITER FL 33477

3. Date Incorporated or Qualified **12/22/1987** 3a. Date of Last Report **03/01/1995**

4. FEI Number **65-0062205** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**ADMIRAL'S COVE MAGT CO
 200 ADMIRALS COVE BLVD
 JUPITER FL 33477-1046**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DAVID KANE PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADLER, JOSEPH	1.2 NAME	
STREET ADDRESS	322 SPYGLASS WAY	1.3 STREET ADDRESS	392 SPYGLASS WAY
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPERSTEIN, JUDITH	2.2 NAME	HAROLD BECKER
STREET ADDRESS	334 SPYGLASS WAY	2.3 STREET ADDRESS	380 SPYGLASS WAY
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDEN, JASON	3.2 NAME	JOHN NUSBAUM
STREET ADDRESS	336 SPYGLASS WAY	3.3 STREET ADDRESS	362 SPYGLASS WAY
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	N. HERBERT COHEN
STREET ADDRESS		4.3 STREET ADDRESS	316 SPYGLASS WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CARL CREEDON
STREET ADDRESS		5.3 STREET ADDRESS	390 SPYGLASS WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carl Creedon* **Carl Creedon** Date **6/9/96** Daytime Phone # **361-744-1700**

CR2E037 (3/96)