FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24057

(4)

SPYGLASS AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.

ON, II	NC.				
Principal Pla	ice of Business	Mailing Address			IBIL \$1811 BLB#1 \$1811 B1811 1981
200 ADMIRAL'S COVE BLVD. JUPITER FL 33477		200 ADMIRAL'S COVE BLVD. JUPITER FL 33477-4046			
_				12/22/1987	Date of Last Report 06/24/1996
· ·	Place of Business	2a. Mailing Address		4. FEI Number 65-0062205	Applied For
21	1 # ata	26 Suite Apt 4 ata		05-0002205	Not Applicable
Sulte, Ap	L. #, BtC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for intangible	
24	25	29 30	o\	Florida Statutes Yes	
	9. Name and Address of Curre	int Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
ADMID	AL'S COVE MAGT CO				
	MIRALS COVE BLVD		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	R FL 33477-1046		63		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 City		85 Zip Code
·				FI	- 1
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					
	Signature, typed or printed name of registered a		legistered Agent signature req		
12.	OFFICERS AI	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12 Change Addition
NAME	DANE, DAVID			DAVID KANE	E change
STREET ADDRESS			1.3 STREET ADDRESS	DITTIE KINE	i
CITY-ST-ZIP	JUPITER FL		1.4 City-ST-ZiP		:
TITLE	VPD	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BECKER, HAROLD		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	- Decemen	2, 4 CITY - ST - ZIP		
TITLE	STD NUCCEALINA IOANI	☐ DEFE1E	3.1 TITLE		Change Addition
NAME STREET ADDRESS	NUSBAUM, JOAN 362 SPYGLASS WAY		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP		ì
TITLE	D	DELETE	4.1 TITLE	······································	Change Addition
NAME	COHEN, HERBERT N		4. 2 NAME		
STREET ADDRESS	316 SPYGLASS WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		4.4 CITY - ST - ZIP		
TITLE	0	DELETE	S.1 TITLE		☐ Change ☐ Addition
NAME	CREEDON, CARL		5.2 NAME		:
STREET ADDRESS	390 SPYGLASS WAY JUPITER FL		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JUFILEN FL	DELETE	5.4 CITY-SY-ZIP 6.1 TITLE		Change Addition
TITLE.	1	Car Dictio	0.1 11100		Change Chyddigon

14. I do 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 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 altachment with an address.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Wavis LANE

4/4/97

FILED

Apr 23 1997 8:00am

Secretary of State