

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N24057 (4)
1. Corporation Name
**SPYGLASS AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATI
ON, 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 | |
| 4. FEI Number 65-0062205 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |

| | |
|--|---|
| 2. Principal Place of Business 21. _____ Suite, Apt. #, etc. | 2a. Mailing Address 26. _____ Suite, Apt. #, etc. |
| 22. _____ City & State | 27. _____ City & State |
| 23. _____ Zip | 28. _____ Zip |
| 25. _____ Country | 30. _____ Country |

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|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VP/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KANE, DAVID | 1.2 NAME | ALLAN MEYERSON |
| STREET ADDRESS | 392 SPYGLASS WAY | 1.3 STREET ADDRESS | 376 SPYGLASS WAY |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | JUPITER FL 33477 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECKER, HAROLD | 2.2 NAME | |
| STREET ADDRESS | 380 SPYGLASS WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUSBAUM, JOAN | 3.2 NAME | |
| STREET ADDRESS | 362 SPYGLASS WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COHEN, HERBERT N | 4.2 NAME | D.L. McLELLAN |
| STREET ADDRESS | 316 SPYGLASS WAY | 4.3 STREET ADDRESS | 324 SPYGLASS WAY |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | JUPITER, FL 33477 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | ASST TREASURER, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CREEDON, CARL | 5.2 NAME | T. Robert Zochowski |
| STREET ADDRESS | 390 SPYGLASS WAY | 5.3 STREET ADDRESS | 310 SPYGLASS WAY |
| CITY-ST-ZIP | JUPITER FL | 5.4 CITY-ST-ZIP | JUPITER, FL 33477 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: _____

CFR2E037 (10/97)