

FILE NOW: FILING FEE IS \$61.25

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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. 22. _____ City & State 23. _____ Zip 24. _____	2a. Mailing Address 26. _____ Suite, Apt. #, etc. 27. _____ City & State 28. _____ Zip 29. _____	Country 25. _____	Country 30. _____
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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 checked="" 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 checked="" 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 FL

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KANE, DAVID	
STREET ADDRESS	392 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BECKER, HAROLD	
STREET ADDRESS	380 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NUSBAUM, JOAN	
STREET ADDRESS	362 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, HERBERT N	
STREET ADDRESS	316 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CREEDON, CARL	
STREET ADDRESS	390 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALLAN MEYERSON	
1.3 STREET ADDRESS	376 SPYGLASS WAY	
1.4 CITY-ST-ZIP	JUPITER FL 33477	
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D.L. McLELLAN	
4.3 STREET ADDRESS	324 SPYGLASS WAY	
4.4 CITY-ST-ZIP	JUPITER, FL 33477	
5.1 TITLE	ASST TREASURER, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T. Robert Zochowski	
5.3 STREET ADDRESS	310 SPYGLASS WAY	
5.4 CITY-ST-ZIP	JUPITER, FL 33477	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)