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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(4)

FILED Feb 05 1998 8:00am Secretary of State

### Address Of Euron Registered Agent **Malling Address** **200 ADMIRAL'S COVE BLVD. JUPITER FL 33477 **JUPITER FL 33477 *	Principal Plac	NC.	E CONDOMINIUM AS	SOCIATI		
JUPITER FL 33477 JUPITER FL 33477 JUPITER FL 33477 JUPITER FL 33477 4. FEI Number 65 0062205 Not Applied Fo Not Applied Fo Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Tourity Zip Country Zip Country Zip Country Solution and Address of Current Registered Agent ADMIRAL'S COVE MAGT CO 200 ADMIRALS COVE BLVD JUPITER FL 33477-1046 ADMIRAL'S COVE MAGT CO 200 ADMIRALS COVE BLVD JUPITER FL 33477-1046 Bignature, byed or privad name of registered Agent and tile if applicable. Note the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above remained corporation submits this statement for the purpose of changing its register agent. I am familiar with, and eccept the appointment as registere agent. I am familiar with, and eccept the obligations of, Sections 617.0503, Florida Statutes. NOTE Registered Agent aginature required when reheating) NOTE Registered Agent aginature required when reheating) JUPITER FL 33477-1046 Deficit Source of the provision of speciation of registered agent and tile if applicable. NOTE Registered agent required when reheating) DATE DEFICICES AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. DEFICICES AND DIRECTORS IN 12. Applications, post of the corporation of the purpose of changing its register agent. I am familiar with, and eccept agent agent and tile if applicable. NOTE Registered Agent alignature required when reheating) DATE 11. Purpose ID-666. Application of Statutes and Date ID-6666. Appli		ce of Business	Mailing Address			i leakinat did tieki diati baibi dikil idel dikil diati diati dibil bibil bibil diat
28. Mailing Address 26. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent ADMIRAL'S COVE MAGT CO 200 ADMIRALS COVE BLVD JUPITER FL 33477-1046 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 register 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 registere agent. I am familiar with, and eccept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or prived name of registered agent and title if applicable. (NOTE: Regestered Agent signature required when remetating). DATE Change Rub Address Change Rub A						12/22/1987 4. FEI Number Applied For
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CITY-ST-ZIP 64 CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutas I further certify that the information	STREET ADDRESS CITY-ST-ZIP TITLE NAME	392 SPYGLASS WAY JUPITER FL VPD BECKER. HAROLD 380 SPYGLASS WAY JUPITER FL STD NUSBAUM, JOAN 362 SPYGLASS WAY JUPITER FL D COHEN, HERBERT N 316 SPYGLASS WAY JUPITER FL D CREEDON, CARL 390 SPYGLASS WAY	DELETE DELETE DELETE	12 NAMI 13 STRE 14 CITY 21 TITLE 22 NAMI 23 STRE 2. 4 CITY 3.1 TITLE 32 NAME 33 STREE 4.1 TITLE 4.2 NAM 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E T ADDRESS ST-ZIP E T ADDRESS ST-ZIP	ATIAN MCYCLSON 376 SAYGIASS WAY TUDITE FL 33477 PRESIDENT WECTON Change Addition SCRETARY DIRECTOR Change Addition THASCHER DIRECTOR Change Change Addition D. L. MCLCIAN 324 SAYGIASS WAY TUDITER FL 33477 TRASCHER ZOCHOWSKI 310 SAYGIASS WAY TUDITER FL 33477

indicated on this annual report or supplied will this little over not quanty for the exemption stated in Section 1 19.07(3)(), Florida Statutes. I further certify that the informatio 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.

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