


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90044 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24057

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/22/1987
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 65-0062205
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADMIRAL'S COVE MAGT CO 200 ADMIRALS COVE BLVD JUPITER FL 33477-1046		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERSON, ALLAN	1.2 NAME	MEYERSON, ALLAN
STREET ADDRESS	376 SPYGLASS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	JUPITER FL 33477
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUSBAUM, JOAN	3.2 NAME	SECRETARY DIRECTOR
STREET ADDRESS	362 SPYGLASS WAY	3.3 STREET ADDRESS	DR. Joseph DWORKIN
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	354 SPYGLASS WAY JUPITER FL 33477
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, D.L.	4.2 NAME	MCLELLAN, D.L.
STREET ADDRESS	324 SPYGLASS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOCHOWSKI, ROBERT T	5.2 NAME	
STREET ADDRESS	310 SPYGLASS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP	
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 as an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: 4/19/99 Daytime Phone #

CR2E037 (1/198)