

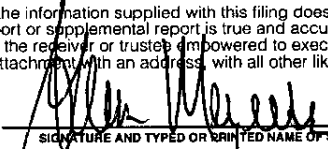


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90024 012 ****61.25

DOCUMENT # N24057					
1. Entity Name SPYGLASS AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % DICKINSON MGMT., INC. 400 TONEY PENNA DR, JUPITER, FL 33458		Mailing Address % DICKINSON MGMT., INC. 400 TONEY PENNA DR, JUPITER, FL 33458		54023276 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0062205	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKINSON MGMT., INC. 400 TONNEY PENN DRIVE JUPITER, FL 33458				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State <i>No Changes</i>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKOFF, STEPHEN			NAME	
STREET ADDRESS	315 SPYGLASS WAY			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERSON, ALLAN			NAME	
STREET ADDRESS	380 SPYGLASS WAY			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWORKIN, JOSEPH			NAME	
STREET ADDRESS	354 SPYGLASS WAY			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDEN, JASON			NAME	
STREET ADDRESS	336 SPYGLASS WAY			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOCHOWSKI, ROBERT T			NAME	
STREET ADDRESS	310 SPYGLASS WAY			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Vice President		3-24-04 (561) 745-4450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	