

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90099 043 ****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

50050208



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

04272005 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0062205
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DICKINSON MGMT., INC.
 400 TONNEY PENN DRIVE
 JUPITER, FL 33458

7. Name and Address of New Registered Agent
 Name: SPYGLASS@Admiral's Cove
 Street Address (P.O. Box Number is Not Acceptable): 201 Admiral's Cove Blvd
 City: JUPITER FL Zip Code: 33477

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: *Allen Meyerson* PRESIDENT
Signature typed or printed name of registered agent and to whom it applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKOFF, STEPHEN	
STREET ADDRESS	315 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEYERSON, ALLAN	
STREET ADDRESS	380 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DWORKIN, JOSEPH	
STREET ADDRESS	354 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEDEN, JASON	
STREET ADDRESS	336 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZOCHOWSKI, ROBERT T	
STREET ADDRESS	310 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Allen Meyerson* Date: 4-29-05 Daytime Phone #: 561-746-7269