

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N24057

FILED
Oct 09, 2009
Secretary of State

Entity Name: SPYGLASS AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% ADMIRAL'S COVE MPOA
200 ADMIRAL'S COVE BLVD
JUPITER, FL 33477

New Principal Place of Business:

200 ADMIRALS COVE BLVD
JUPITER, FL 33477

Current Mailing Address:

% ADMIRAL'S COVE MPOA
200 ADMIRAL'S COVE BLVD
JUPITER, FL 33477

New Mailing Address:

200 ADMIRALS COVE BLVD
JUPITER, FL 33477

FEI Number: 65-0062205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPYGLASS @ ADMIRALS COVE
200 ADMIRAL'S COVE BLVD
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

ADMIRALS COVE COMMUNITY SERVICES
200 ADMIRAL'S COVE BLVD
JUPITER, FL 33477 US

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.

SIGNATURE: ADMIRALS COVE COMMUNITY SVCS BY TED HERRLE

10/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DAVIS, PEGGY
Address: 398 SPYGLASS WAY
City-St-Zip: JUPITER, FL 33477

Title: PD () Delete
Name: MEYERSON, ALLAN
Address: 376 SPYGLASS WAY
City-St-Zip: JUPITER, FL 33477

Title: TD () Delete
Name: BEDEN, JASON
Address: 336 SPYGLASS WAY
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: COHEN, BILL
Address: 362 SPYGLASS WAY
City-St-Zip: JUPITER, FL 33477

Title: SD () Delete
Name: ROCKOFF, STEVE
Address: 314 SPYGLASS WAY
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: DAVIS, PEGGY
Address: 390 SPYGLASS WAY
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN MEYERSON

PD

10/09/2009

Electronic Signature of Signing Officer or Director

Date