

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26072** (1)

1. Corporation Name

THE ADMIRALTY BOAT DOCK MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: C/O ADVANTAGE PROPERTY MGT. P. O. BOX 65 JENSEN BEACH FL 34958
Mailing Address: C/O ADVANTAGE PROPERTY MGT. P. O. BOX 65 JENSEN BEACH FL 34958

3. Date Incorporated or Qualified: **04/25/1988**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0354767**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**FORTE, LORRAINE
% ADVANTAGE PROPERTY MGT
1274 NE BUSINESS PARK PL
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARENTI, ROBERT V	
STREET ADDRESS	1150 SW CHAPMAN WAY, #304	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZIELKE, ROGER	
STREET ADDRESS	1140 SW CHAPMAN WAY, #405	
CITY - ST - ZIP	PALM CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DICKINSON, JOHN	
STREET ADDRESS	1140 SW CHAPMAN WAY #404	
CITY - ST - ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TD GRASSICK, PATRICK
33 STREET ADDRESS	1150 SW CHAPMAN WAY # 301
34 CITY - ST - ZIP	PALM CITY, FL 34990
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address

SIGNATURE: *Patrick Grassick* **PATRICK GRASSICK, Treas** 1/24/96 407-394-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)