


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jul 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morgham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N26072 (1)**

1. Corporation Name  
**THE ADMIRALTY BOAT DOCK MAINTENANCE ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified  
**04/25/1988**

4. FEI Number  
**65-0354767**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business <b>P.O. Box 326</b>	26. Mailing Address <b>P.O. Box 326</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>PALM CITY FL</b>	28. City & State <b>PALM CITY, FL</b>
24. Zip <b>34991</b>	25. Country <b>USA</b>
29. Zip <b>34991</b>	30. Country <b>USA</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 <b>RONALD V URICK</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1130 S.W. CHAPMAN WAY #507</b>
83
84 City <b>PALM CITY</b>
85 State <b>FL</b>
86 Zip Code <b>34990</b>

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 Ronald V. Urick **RONALD V URICK TREASURER** **4/22/98**  
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 <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>PARENTI, ROBERT V</b>	
STREET ADDRESS <b>1150 SW CHAPMAN WAY, #304</b>	
CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>ZIELKE, ROGER</b>	
STREET ADDRESS <b>1140 SW CHAPMAN WAY, #405</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>GRASSICK, PATRICK</b>	
STREET ADDRESS <b>115005 CHAPMAN WY #301</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>GRASSICK, PATRICK</b>	
1.3 STREET ADDRESS <b>1150 SW CHAPMAN WAY #301</b>	
1.4 CITY-ST-ZIP <b>PALM CITY, FL 34990</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ZIELKE, ROGER</b>	
2.3 STREET ADDRESS <b>1140 SW CHAPMAN WAY #405</b>	
2.4 CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>PARENTI, ROBERT</b>	
3.3 STREET ADDRESS <b>1140 SW CHAPMAN WAY #411</b>	
3.4 CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>RONALD V URICK</b>	
4.3 STREET ADDRESS <b>1130 SW CHAPMAN WAY #507</b>	
4.4 CITY-ST-ZIP <b>PALM CITY FL 34990</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE Ronald V. Urick **RONALD V URICK** **4/22/98**

CR2E037 (10/97)