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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26072

1. Corporation Name
THE ADMIRALTY YACHT CLUB, INC.

Principal Place of Business: G/O ADVANTAGE PROPERTY MGT., P O BOX 326, PALM CITY FL 34991, US

Mailing Address: G/O ADVANTAGE PROPERTY MGT., P O BOX 326, PALM CITY FL 34991, US



2. Principal Place of Business: ADMIRALTY YACHT CLUB INC, Suite, Apt. #, etc. P.O. BOX 326, City & State: PALM CITY, Zip: FL, Country: US

2a. Mailing Address: ADMIRALTY YACHT CLUB INC, Suite, Apt. #, etc. P.O. BOX 326, City & State: PALM CITY, Zip: 34991, Country: US

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

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

9. Name and Address of Current Registered Agent: RONALD V URICK, 1130 SW CHAPMAN WAY #507, PALM CITY FL 34990

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRASSICK, PATRICK	1.1 TITLE	
NAME	1150 SW CHAPMAN WAY #301	1.2 NAME	
STREET ADDRESS	PALM CITY FL 34990	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP ZIELKE, ROGER	2.1 TITLE	
NAME	1140 SW CHAPMAN WAY, #405	2.2 NAME	
STREET ADDRESS	PALM CITY FL 34990	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD PARENTI, ROBERT	3.1 TITLE	
NAME	1140 SW CHAPMAN WAY #411	3.2 NAME	
STREET ADDRESS	PALM CITY FL 34990	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD RONALD V URICK	4.1 TITLE	
NAME	1130 SW CHAPMAN WAY #507	4.2 NAME	
STREET ADDRESS	PALM CITY FL 34990	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] 1/5/99 Date: 561-223-2027 Daytime Phone #

1-CR0207 (1/99)