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Feb 25, 1999 8:00 am
Secretary of State

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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 21 ADMIRALTY YACHT CLUB INC Suite, Apt. #, etc. 22 P.O. BOX 326 City & State 23 PALM CITY Zip 24 FL Country 25 US		2a. Mailing Address 26 ADMIRALTY YACHT CLUB INC Suite, Apt. #, etc. 27 P.O. BOX 326 City & State 28 PALM CITY Zip 29 34991 Country 30 US		3. Date Incorporated or Qualified 04/25/1988	
4. FEI Number 65-0354767		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution			
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 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 RONALD V URICK (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD GRASSICK, PATRICK STREET ADDRESS 1150 SW CHAPMAN WAY #301 CITY-ST-ZIP PALM CITY FL 34990			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VP ZIELKE, ROGER STREET ADDRESS 1140 SW CHAPMAN WAY, #405 CITY-ST-ZIP PALM CITY FL 34990			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SD PARENTI, ROBERT STREET ADDRESS 1140 SW CHAPMAN WAY #411 CITY-ST-ZIP PALM CITY FL 34990			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME TD RONALD V URICK STREET ADDRESS 1130 SW CHAPMAN WAY #507 CITY-ST-ZIP PALM CITY FL 34990			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **RONALD V URICK** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

115199

561-223-2027