

**DOCUMENT # N37461**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90085 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**1. Entity Name**  
**ADMIRALS COVE YACHT CLUB, INC.**

**Principal Place of Business**      **Mailing Address**  
**200 ADMIRALS COVE BLVD.**      **PO BOX 2722**  
**JUPITER FL 33477**      **JUPITER FL 33468**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**      **65-0182857**      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**LIGHT, JULIAN C**  
**95 REGATTA DRIVE**  
**JUPITER FL 33477**

**7. Name and Address of New Registered Agent**  
**Name**      **SAME**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**8. 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**      *[Signature]*      **DATE**

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

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	NORDIN, ROBERT	
STREET ADDRESS	904 CAPTAINS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	DRC	<input type="checkbox"/> Delete
NAME	STARK, AL	
STREET ADDRESS	356 EAGLE DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DRC	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, KATHERINE	
STREET ADDRESS	446 MARINER DR.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	FC	<input type="checkbox"/> Delete
NAME	DECTOR, IRVING	
STREET ADDRESS	418 HARINER DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAFARD, HOWARD	
STREET ADDRESS	206 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY FLOWERS	
STREET ADDRESS	168 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGHT, JULIAN C	
STREET ADDRESS	95 REGATTA DRIVE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILBRECHT, JANE	
STREET ADDRESS	102 S. VILLAGE WAY	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**      *[Signature]*      **Date**      **Daytime Phone #**  
 561-575-9885

CR2E037 (10/00)