

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N92000000185 (0)

1. Corporation Name

ADMIRAL'S POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3160 MATECUBE KEY RD
PUNTA GORDA FL 33955
US

Mailing Address

P O BOX 1551
PUNTA GORDA FL 33951
US

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
65-0389060

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

MEREDITH, DEBRA K
3160 MATECUBE KEY ROAD
PUNTA GORDA FL 33955

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 617.1506, 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 ☒ DELETE

NAME HILL, FAUN
STREET ADDRESS 4010 KEY LARGO LN
CITY-ST-ZIP PUNTA GORDA FL

TITLE VD ☒ DELETE

NAME KLUG, JACK
STREET ADDRESS 5000 SABLE KEY CIRCLE
CITY-ST-ZIP PUNTA GORDA FL

TITLE SD ☐ DELETE

NAME JOHNSON, JERRY
STREET ADDRESS 4000 KEY LARGO LANE
CITY-ST-ZIP PUNTA GORDA FL

TITLE TD ☒ DELETE

NAME BAVARO, JOE
STREET ADDRESS 1321 MARATHON WAY
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☒ DELETE

NAME ULRICH, DONALD
STREET ADDRESS 15 CIRCLE DRIVE
CITY-ST-ZIP ALGONQUIN IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition

1.2 NAME HANS RENTSCH

1.3 STREET ADDRESS 5090 KEY LARGO CIR.

1.4 CITY-ST-ZIP PUNTA GORDA, FL 33955 ☐ Change ☒ Addition

2.1 TITLE STD ☐ Change ☒ Addition

2.2 NAME DAVID REYNOLDS

2.3 STREET ADDRESS 5000 KEY LARGO LANE

2.4 CITY-ST-ZIP PUNTA GORDA, FL 33955 ☒ Change ☐ Addition

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME JERRY JOHNSON

3.3 STREET ADDRESS 4000 KEY LARGO LANE

3.4 CITY-ST-ZIP PUNTA GORDA, FL 33955 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)