

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
 01-26-2000 90117 047 ****61.25

DOCUMENT # N92000000185			
1. Entity 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	
2. Principal Place of Business 3160 MATECUBE KEY RD PUNTA GORDA FL 33955 US		3. Mailing Address P.O. Box 511551	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Punta Gorda, FL		4. FEI Number 65-0389060	
Zip 33951	Country US	5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/> Not Applied For <input checked="" type="checkbox"/>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MEREDITH, DEBRA-K 3160 MATECUBE KEY ROAD PUNTA GORDA FL 33955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANS RENTSCH 5090 KEY LARGO CIR PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, DAVID 5000 KEY LARGO LANE PUNTA GORDA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWING, TONY 5010 KEY LARGO LANE PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, DAVID 5050 KEY LARGO LANE PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRY, RUTH 5071 KEY LARGO CIRCLE PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORLINE, FRANK 5030 SABLE KEY CIRCLE PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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] **REQUIRED** 1/18/00 637-6288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #