FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725386 (7)

1. Corporation Name
ADMIRALTY CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
3606 S. PENINSULA DRIVE PORT ORANGE FL 32127	3606 S. PENINSULA DRIVE PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1973
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1531610 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHURCHMAN, RICHARD K
425 N PENINSULA DR STE A
DAYTONA BEACH FL 32118

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	JOHNSON, DORTHY	1.2 NAME	Paul Steen
STREET ADDRESS	3606 S. PENINSULA DR. #314	1.3 STREET ADDRESS	3606 S. Peninsula Dr. #303
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	LAW, LUE	2.2 NAME	Ewaryst Mielnik
STREET ADDRESS	3606 S PENINSULA DR #309	2.3 STREET ADDRESS	3606 S. Peninsula Dr. #712
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	HINTON, BETTY	3.2 NAME	Patricia Parent
STREET ADDRESS	3606 S PENINSULA DR #214	3.3 STREET ADDRESS	3606 S. Peninsula Dr. #410
CITY-ST-ZIP	PORT ORANGE FL 32127	3.4 CITY-ST-ZIP	Port Orange FL 32127
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	THIFFAULT, BETH	4.2 NAME	Vivian Currier
STREET ADDRESS	3606 S PENINSULA DR #804	4.3 STREET ADDRESS	3606 S. Peninsula Dr. #104
CITY-ST-ZIP	PORT ORANGE FL 32127	4.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GRUEL, DORIS	5.2 NAME	Louis Brigandi
STREET ADDRESS	3606 S PENINSULA DR #201	5.3 STREET ADDRESS	3606 S. Peninsula Dr. #806
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	MCRARY, GLADYS	6.2 NAME	Robert Sommer
STREET ADDRESS	3606 S PENINSULA DR #210	6.3 STREET ADDRESS	3606 S. Peninsula Dr. #807
CITY-ST-ZIP	PT ORANGE FL 32127	6.4 CITY-ST-ZIP	Port Orange FL 32127

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)(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.

SIGNATURE: [signature] PAUL STEEN 4/26/95 904-767-3882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000681