

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728692 (5)**  
1. Corporation Name  
**ADMIRALTY POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2300 GULF SHORE BOULEVARD NORTH NAPLES FL 33940</b>	Mailing Address <b>2300 GULF SHORE BOULEVARD NORTH NAPLES FL 34103-4379</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/25/1974</b>	3a. Date of Last Report <b>06/05/1996</b>
				4. FEI Number <b>59-1648490</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHNSON, MERRILL N. 2387 GULF SHORE BLVD. NORTH 800 HARBOUR DRIVE NAPLES FL 33940</b>		10. Name and Address of New Registered Agent 81 Name <b>Steven M. Falk</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>850 Parkshore Drive</b> 83 <b>Trianon Centre, Third Floor</b> 84 City <b>Naples,</b> <b>FL</b> 85 Zip Code <b>34103</b>	
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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 *Steven M. Falk* 4/3/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARG, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>2400 N GULF SHORE BLVD #302</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILCOX, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>2307 GULF SHORE BLVD., N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACK, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>2315 GULF SHORE BLVD., N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT M. LEE</b>	4.2 NAME	
STREET ADDRESS	<b>2400 GULF SHORE BLVD., N. #803</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSON, WILFRED</b>	5.2 NAME	
STREET ADDRESS	<b>2321 GULF SHORE BLVD., N.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHÉETZ, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>2358 GULF SHORE BLVD., N.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Richard E. Mack* **Richard E. Mack, Treas. 3/24/97 941-262-3051**

CR2E037 (9/96)