

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725386** (7)  
1. Corporation Name  
**ADMIRALTY CLUB CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business <b>3606 S. PENINSULA DRIVE PORT ORANGE FL 32127</b>	Mailing Address <b>3606 S. PENINSULA DRIVE PORT ORANGE FL 32127</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
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3. Date Incorporated or Qualified <b>01/26/1973</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1531610</b>	

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CHURCHMAN, RICHARD K 425 N PENINSULA DR STE A DAYTONA BEACH FL 32118</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PFISTER, LINDA 3606 S. PENINSULA DR. PORT ORANGE FL	1.1 TITLE	PD PAULINE STENSLAND 3606 SOUTH PENINSULA DR. no. 709 PORT ORANGE, FL 32127
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GRUEL, DORIS 3606 S PENINSULA DRIVE #712 PORT ORANGE FL	2.1 TITLE	VD FRANCIS FITZGIBBONS 3606 S. PENINSULA DR. # 704 PORT ORANGE, FL 32127
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD JOHNSON, DOROTHY 3606 S. PENINSULA DRIVE, #314 PORT ORANGE FL	3.1 TITLE	SD DOROTHY JOHNSON 3606 S. PENINSULA DR # 314 PORT ORANGE, FL 32127
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD STITH, FRANCES 3606 S. PENINSULA DRIVE, #114 PORT ORANGE FL	4.1 TITLE	TD FRANCES STITH 3606 S. PENINSULA DR. #114 PORT ORANGE, FL 32127
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BARSZ, LEON 3606 S PENINSULA DRIVE #807 PT ORANGE FL	5.1 TITLE	D GAETANE LEONHARDT 3606 S. PENINSULA DR. # 110 PORT ORANGE, FL 32127
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D THERESA GROTH 3606 S. PENINSULA DR. #804 PORT ORANGE, FL 32127
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Pauline Stensland* 3-17-98 904-767-3882

CR2E037 (1097)