

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 018 ****61.25

DOCUMENT # N00000006725					
1. Entity Name ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.					
Principal Place of Business 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019			Mailing Address 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-1057071	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA 5201 BLUE LAGOON DR., STE #100 ATTN: DAVID ROGEL, ESQ. MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: <u>Becker & Poliakoff, PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>Attn: David Rogel, Esq.</u> <u>121 Alhambra Plaza, Suite 1000</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, STEVE		NAME	Eben Macneille	
STREET ADDRESS	960 HARBOR ISLANDS DRIVE		STREET ADDRESS	960 Harbor Islands Drive	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMMERMAN, ROY		NAME	Steve Goodman	
STREET ADDRESS	960 HARBOR ISLANDS DRIVE		STREET ADDRESS	960 Harbor Islands Dr.	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOCOL, STUART		NAME	Roy Kammerman	
STREET ADDRESS	960 HARBOR ISLANDS DRIVE		STREET ADDRESS	960 Harbor Islands Dr.	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			1/5/05 954-454-1662		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		