


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90043 040 \*\*\*\*61.25

<b>DOCUMENT # 725386</b> 1. Entity Name <b>ADMIRALTY CLUB CONDOMINIUM ASSOCIATION, INC</b>					
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>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1531610</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STENSLAND, PAULINE 3606 S. PENINSULA DRIVE 709 DAYTONA BEACH, FL 32127</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <u>Pauline R. Stensland</u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u>1/30/06</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STENSLAND, PAULINE</b> <b>3606 SOUTH PENINSULA DRIVE #709</b> <b>PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Squicciarino</b> <b>Vice-President</b> <b>3606 S. Peninsula Dr. # 608</b> <b>Port Orange, FL 32127</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM</b> <b>TURNBULL, ROBERT</b> <b>3606 S PENINSULA DR. # 404</b> <b>PORT ORANGE, FL 32127</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM</b> <b>Samuel Hawthorn</b> <b>3606 S. Peninsula Dr. # 210</b> <b>Port Orange, FL 32127</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOHNSON, DOROTHY</b> <b>3606 S. PENINSULA DRIVE, #314</b> <b>PORT ORANGE, FL 32127</b>	<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	<b>D</b> <b>LOURIM, JACQUELINE</b> <b>3606 S PENINSULA DR, # 610</b> <b>PORT ORANGE, FL 32127</b>	<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	<b>V</b> <b>FALCONER, HUGH</b> <b>3606 SO. PENINSULA DRIVE 609</b> <b>DAYTONA BEACH, FL 32127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DOBROWSKI, SIGMUND</b> <b>3606 SO. PENINSULA DRIVE 812</b> <b>DAYTONA BEACH, FL 32127</b>	<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 exemptions contained in Chapter 119, 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: <u>Pauline R. Stensland</u> <u>1/30/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					