

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006725

**Entity Name:** ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.

**Current Principal Place of Business:**

980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019

**FEI Number: 65-1057071**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SIEGFRIED, RIVERA, LERNER, DE LA TORRE  
LISA LERNER, ESQUIRE  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FASKOW, NANCY  
Address 980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title VPD  
Name ADMIRAL'S COVE  
Address 980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title STD  
Name MENDELSON, ASHI  
Address 980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: NANCY FASKOW**

**PD**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date