

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50904

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC2426504094**

**Entity Name:** THE GOLF VILLAGE AT ADMIRALS COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE ADMIRAL'S COVE BLVD.  
JUPITER, FL 33477

**Current Mailing Address:**

ONE ADMIRAL'S COVE BLVD.  
JUPITER, FL 33477 US

**FEI Number: 65-0393429**

**Certificate of Status Desired: Yes**

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

CORNETT, JANE ESQ.  
401 EAST OSCEOLA, SUITE 102  
STUART, FL 34994 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 SCHLACKMAN, NEIL DR.  
Address ONE ADMIRAL'S COVE BLVD.  
City-State-Zip: JUPITER FL 33477

Title 1VPD  
Name BARD, GARY  
Address ONE ADMIRAL'S COVE BLVD.  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name LAX, JANIS  
Address ONE ADMIRAL'S COVE BLVD.  
City-State-Zip: JUPITER FL 33477

Title SECRETARY  
Name SNIDER, DAVID  
Address ONE ADMIRAL'S COVE BLVD.  
City-State-Zip: JUPITER FL 33477

Title TREASURER  
Name GRAHAM, WALLACE  
Address ONE ADMIRAL'S COVE BLVD.  
City-State-Zip: JUPITER FL 33477

*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: NEIL SCHLACKMAN**

**PRESIDENT**

**04/27/2017**

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

\_\_\_\_\_  
Date