

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50904

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

FILED
Apr 06, 2015
Secretary of State
CC7755197546

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 2VPD
Name GRAHAM, WALLACE
Address ONE ADMIRAL'S COVE BLVD.
City-State-Zip: JUPITER FL 33477

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

Title TREASURER
Name GOLDENBERG, JUDY
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

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date