

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50904

Entity Name: THE GOLF VILLAGE AT ADMIRALS COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Apr 18, 2013
Secretary of State
CC1726854585**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	KENTOFF, DAVID
Address	ONE ADMIRAL'S COVE BLVD.
City-State-Zip:	JUPITER FL 33477

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

Title	TD
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: JUDY GOLDENBERG**TREASURER****04/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date