

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713437

FILED
Apr 30, 2009
Secretary of State

Entity Name: ADMIRALTY VILLAS, INC.

Current Principal Place of Business:

2985 N BEACH RD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

2985 N BEACH RD
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2198153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, PETER INC
4410 WARREN AVE. #205
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WOLFF, MARY LOU
Address: 805 MALLARD RD
City-St-Zip: WEST CHESTER, PA 19382

Title: DP () Delete
Name: RUSSELL, DEAN
Address: 9178 DEXTER PICKNEY RD
City-St-Zip: PINCKNEY, MI 48169

Title: DT () Delete
Name: MUELLER, ROD
Address: 540 JUNE BERRY ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: DVP () Delete
Name: CASEY, ALLAN
Address: 5089 VARTY RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: BOWERS, WILLIAM
Address: 15024 LYNBURG ROAD
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: OLIVER, JEFF
Address: 2980 N. BEACH ROAD #BV7
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change () Addition
Name: BERND-COHEN, TINA
Address: 2980 N. BEACH ROAD BV9
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS (X) Change () Addition
Name: MUELLER, ROD
Address: 540 JUNE BERRY ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: DP (X) Change () Addition
Name: CASEY, ALLAN
Address: 5089 VARTY RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER GRANT

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date