FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718107** **(6)**

1. Corporation Name

ADMIRALTY TOWERS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
80 750 N OCEAN BLVD POMPANO BCH FL 33062 US	26 750 N OCEAN BLVD POMPANO BCH FL 33062 US

3. Date Incorporated or Qualified: **03/12/1970**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1302832** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COHANE, JOHN F
750 N OCEAN BLVD. #1007
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SNEIDER, STANLEY	1.2 NAME		
STREET ADDRESS	750 N OCEAN BLVD 1007	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CLAFFEY, GEORGE	2.2 NAME	RETON, ROBERT	
STREET ADDRESS	750 N OCEAN BLVD	2.3 STREET ADDRESS	750 N. OCEAN BLVD #1405	
CITY-ST-ZIP	POMPANO BC	2.4 CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	TD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SAVAGE, JAMES A	3.2 NAME	WAGENBACH, JOHN G.	
STREET ADDRESS	750 N OCEAN BLVD #604	3.3 STREET ADDRESS	750 N. OCEAN BLVD #1210	
CITY-ST-ZIP	POMPANI BCH FL	3.4 CITY-ST-ZIP	POMPANO BCH, FL	
TITLE	SD	4.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	COHANE, JOHN F	4.2 NAME	COHANE, JOHN F.	
STREET ADDRESS	750 N OCEAN BLVD. #1505	4.3 STREET ADDRESS	750 N. OCEAN BLVD #1505	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	AMATO, VINCENT	5.2 NAME		
STREET ADDRESS	750 N OCEAN BLVD. #1903	5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BC	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BROSMITH, NANCY	6.2 NAME		
STREET ADDRESS	750 N OCEAN BLVD #2005	6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley Sneider STANLEY SNEIDER 4.19.95 305-946-2549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008080