

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718107 (6)
1. Corporation Name
ADMIRALTY TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**80
750 N OCEAN BLVD
POMPANO BCH FL 33062
US**

Mailing Address
**26
750 N OCEAN BLVD
POMPANO BCH FL 33062
US**

3. Date Incorporated or Qualified
03/12/1970

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1302832

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
25

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
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
COHANE, John F.

82 Street Address (P.O. Box Number is Not Acceptable)
750 N. Ocean Blvd. #1505

83

84 City
Pompano Beach

85 Zip Code
FL 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John F. Cohane **John F. Cohane**

4/22/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNEIDER, STANLEY	
STREET ADDRESS	750 N OCEAN BLVD 1007	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RETON, ROBERT	
STREET ADDRESS	750 N. OCEAN BLVD. #1405	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGENBACH, JOHN G	
STREET ADDRESS	750 N. OCEAN BLVD., #1210	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COHANE, JOHN F	
STREET ADDRESS	750 N. OCEAN BLVD. #1505	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMATO, VINCENT	
STREET ADDRESS	750 N OCEAN BLVD. #1903	
CITY - ST - ZIP	POMPANO BC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROSMITH, NANCY	
STREET ADDRESS	750 N OCEAN BLVD #2005	
CITY - ST - ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Burns, John
2.3 STREET ADDRESS	750 N. Ocean Blvd. #1001
2.4 CITY - ST - ZIP	Pompano Beach, FL 33062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VPD
6.3 STREET ADDRESS	
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)(k), 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:

John F. Cohane **John F. Cohane**

4/22/96

946-2549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)