

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

80
750 N OCEAN BLVD
POMPANO BCH FL 33062
US**26**
750 N OCEAN BLVD
POMPANO BCH FL 33062-4644
US**3. Date Incorporated or Qualified**
03/12/1970**3a. Date of Last Report**
04/25/1996**2. Principal Place of Business****2a. Mailing Address****21**
Suite, Apt. #, etc.**26**
Suite, Apt. #, etc.**22**
City & State**27**
City & State**23**
Zip

Country

28
Zip

Country

24**25****29****30****4. FEI Number**
59-1302832Applied 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**8. This corporation has liability for intangible tax under s. 199.032,**
Florida Statutes ☐ Yes ☐ No**9. Name and Address of Current Registered Agent****COHANE, JOHN F**
750 N OCEAN BLVD #1505
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 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

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SNEIDER, STANLEY**
CITY-ST-ZIP **750 N OCEAN BLVD 1007**
POMPANO BCH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BURN, JOHN**
CITY-ST-ZIP **750 N OCEAN BLVD #1001**
POMPANO BCH. FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WAGENBACH, JOHN G**
CITY-ST-ZIP **750 N. OCEAN BLVD., #1210**
POMPANO BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **COHANE, JOHN F**
CITY-ST-ZIP **750 N. OCEAN BLVD., #1505**
POMPANO BCH. FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **AMATO, VINCENT**
CITY-ST-ZIP **750 N OCEAN BLVD. #1903**
POMPANO BC5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **BROSMITH, NANCY**
CITY-ST-ZIP **750 N OCEAN BLVD #2005**
POMPANO BCH FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021824

CR2E037 (9/96)