


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 03/12/1970	
4. FEI Number 59-1302832	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COHANE, JOHN F 750 N OCEAN BLVD #1505 POMPANO BCH FL 33062		81 Name Anthony Sannasardo 82 Street Address (P.O. Box Number is Not Acceptable) 750 N. Ocean Blvd. # 1910 83 84 City Pompano Beach FL 85 Zip Code 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]* (NOTE: Registered Agent signature required when reinstating) DATE **1-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEIDER, STANLEY	1.2 NAME	Anthony Sannasardo
STREET ADDRESS	750 N OCEAN BLVD 1007	1.3 STREET ADDRESS	750 N. Ocean Blvd. # 1910
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Pompano Bch., FL. 33062
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURN, JOHN	2.2 NAME	
STREET ADDRESS	750 N OCEAN BLVD #1001	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGENBACH, JOHN G	3.2 NAME	
STREET ADDRESS	750 N. OCEAN BLVD., #1210	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHANE, JOHN F	4.2 NAME	
STREET ADDRESS	750 N. OCEAN BLVD., #1505	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* **SECRETARY REQUIRED SEC/TREASURY 1-8-98**

CR2E037 (10/97)