

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 718107

1. Corporation Name

ADMIRALTY TOWERS CONDOMINIUM ASSOCIATION, INC.

99 NOV 08 PM 3:07

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1302832

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD XXXXX	SNEIDER, STANLEY	750 N OCEAN BLVD 1007	POMPANO BCH FL
PD XXXXX	SANNASARDO, ANTHONY	750 N. OCEAN BLVD 1910	POMPANO BCH FL
D XXXXX	BOHN, JOHN	750 N OCEAN BLVD 201	POMPANO BCH FL
D XXXXX	NACMILLAN, WARREN	750 N OCEAN BLVD 201	POMPANO BCH FL
D XXXXX	WAGENBACH, JOHN G	750 N. OCEAN BLVD., #1210	POMPANO BEACH FL
TD XXXXX	SANNASARDO, ANTHONY	750 N OCEAN BLVD 1601	POMPANO BCH. FL 33062
TD XXXXX	ERILL, JACK	750 N OCEAN BLVD 1601	POMPANO BCH. FL 33062
SD XXXXX	MOORE, RICHARD	750 N OCEAN BLVD 1710	POMPANO BC
VPD XXXXX	BROSMITH, NANCY	750 N OCEAN BLVD #2005	POMPANO BCH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANNASARDO, ANTHONY
750 N OCEAN BLVD #1910
POMPANO BCH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anthony Sannasardo

REGISTERED AGENT MUST SIGN

Date

11-3-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Anthony Sannasardo

ANTHONY SANNASARDO

Date

11/3/99

Daytime Phone #

CR25040 (8/99)