
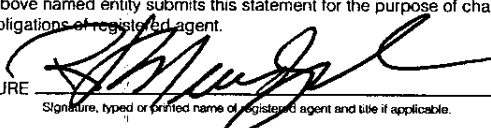
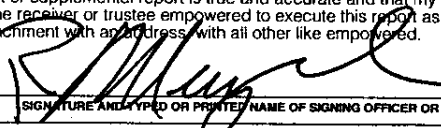


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90016 016 ****70.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # 718107 1. Entity 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SANNASARDO, ANTHONY 750 N OCEAN BLVD #1910 POMPANO BCH, FL 33062 | | | | Name Richard Murdough Street Address (P.O. Box Number is Not Acceptable) 750 No. Ocean Blvd. City Pompano Beach FL Zip Code 33062 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee Is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | RICHMOND, MURDOUGH | | NAME | Stephen Waymire | |
| STREET ADDRESS | 750 N. OCEAN BLVD. #2007 | | STREET ADDRESS | 750 No. Ocean Blvd | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DENNIS, ROTUNNO | | NAME | Willie Smith | |
| STREET ADDRESS | 750 N. OCEAN BLVD. 2004 | | STREET ADDRESS | 750 No. Ocean Blvd | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | STEENBAKKERS, JOHN | | NAME | Josef D. Jay | |
| STREET ADDRESS | 750 N. OCEAN BLVD. #1908 | | STREET ADDRESS | 750 No. Ocean Blvd | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | TD <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRILL, JACK | | NAME | | |
| STREET ADDRESS | 750 N OCEAN BLVD 1601 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MACMILLAN, WARREN | | NAME | | |
| STREET ADDRESS | 750 N. OCEAN BLVD. #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | VPB D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROSMITH, NANCY | | NAME | | |
| STREET ADDRESS | 750 N OCEAN BLVD #2005 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH, FL | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |