


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718107		
1. Entity Name ADMIRALTY TOWERS CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 750 NORTH OCEAN BLVD. POMPAÑO BEACH, FL 33062 US	Mailing Address 750 NORTH OCEAN BLVD. POMPAÑO BEACH, FL 33062 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

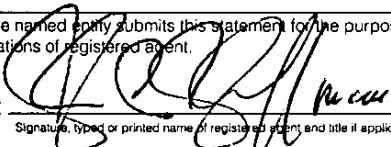


10042006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-1302832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANNASARDO, ANTHONY 750 N OCEAN BLVD POMPAÑO BEACH, FL 33062	
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7. Name and Address of New Registered Agent Name: Sundance Property Management Street Address (P.O. Box Number is Not Acceptable): 11404 W. Sample Road City: Coral Springs FL Zip Code: 33065	
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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.	
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable.	DATE: 10.9.06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANNASARDO, ANTHONY 750 N. OCEAN BLVD. #2007 POMPAÑO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROTUNNO, DENNIS 750 N. OCEAN BLVD. 2004 POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S WAYMIRE, STEPHEN 750 NO OCEAN BLVD POMPAÑO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WILLIE 750 NO OCEAN BLVD POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROSMITH, NANCY 750 NO OCEAN BLVD POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCOTT MILIUSKI #1403 750 W OCEAN BLVD POMPAÑO Bch, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700080638107 10/11/06--01004--002 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY HATHWAY 750 OCEAN BLVD #603 POMPAÑO Bch, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT OK <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T3 10/11/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 10-9-06 954-610-4189 Date Daytime Phone #