


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90015 030 \*\*\*\*61.25

<b>DOCUMENT # 718107</b> 1. Entity Name <b>ADMIRALTY TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>750 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062 US</b>			Mailing Address <b>750 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1302832</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUNDANCE PROPERTY MANAGEMENT 11404 W SAMPLE ROAD CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MILINSKI, SCOTT</b> <b>750 N. OCEAN BLVD. #1403</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SBC.</b> <b>CATHLEEN CONLON</b> <b>750 N. OCEAN BLVD</b> <b>POMPANO BEACH, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>ROTUNNO, DENNIS</b> <b>750 N. OCEAN BLVD. 2004</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TAB.</b> <b>VINCE ROMANO</b> <b>254 NE 9 CT</b> <b>POMPANO BEACH, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HATHWAY, GARY</b> <b>750 OCEAN BLVD #603</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>B.P.</b> <b>BILL CLEVELAND</b> <b>750 N. OCEAN BLVD</b> <b>POMPANO BEACH, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TS</b> <b>SMITH, WILLIE</b> <b>750 NO OCEAN BLVD</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RICK MARTUCCI</b> <b>750 N OCEAN BLVD</b> <b>POMPANO BEACH, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BROSMITH, NANCY</b> <b>750 NO OCEAN BLVD</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>RES. CLERK R.T. FARR</b> <b>GARY HATHAWAY</b> <b>4/27/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					