FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90007 036 ****61.25

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DOCUMENT # 728692

1. Corporation Name
ADMIRALTY POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2300 GULF SHORE BOULEVARD NORTH NAPLES FL 33940	2300 GULF SHORE BOULEVARD NORTH NAPLES FL 33940

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 01/25/1974

4. FEI Number: 59-1648490 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FALK, STEPHEN M.
850 PARKSHORE DR.
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	KARG, JAMES		1.2 NAME		
STREET ADDRESS	2400 N GULF SHORE BLVD #302		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILCOX, DAVID		2.2 NAME		
STREET ADDRESS	2307 GULF SHORE BLVD., N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MACK, RICHARD		3.2 NAME		
STREET ADDRESS	2315 GULF SHORE BLVD., N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	ROBERT M. LEE		4. 2 NAME	Betty Nicolay	
STREET ADDRESS	2400 GULF SHORE BLVD., N. #803		4.3 STREET ADDRESS	2384 Gulf Shore Blvd. N.	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, Fl. 34103	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WAYNE, KATHY		5.2 NAME		
STREET ADDRESS	2400 GULF SHORE BLVD, NORTH #605		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PECARO, BERNARD		6.2 NAME		
STREET ADDRESS	2390 GULF SHORE BLVD NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James E. Karg SIGNATURE REQUIRED V. Pres. 3/22/99 941-262-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES E. KARG