

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728692

1. Entity Name

ADMIRALTY POINT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90020 031 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
2300 GULF SHORE BOULEVARD NORTH      2300 GULF SHORE BOULEVARD NORTH  
NAPLES FL 33940      NAPLES FL 34103-4379

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
59-1648490      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution.      ☐

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

|                |                                  |                                            |
|----------------|----------------------------------|--------------------------------------------|
| TITLE          | VD                               | <input type="checkbox"/> Delete            |
| NAME           | KARG, JAMES                      |                                            |
| STREET ADDRESS | 2400 N GULF SHORE BLVD #302      |                                            |
| CITY-ST-ZIP    | NAPLES FL                        |                                            |
| TITLE          | DP                               | <input type="checkbox"/> Delete            |
| NAME           | WILCOX, DAVID                    |                                            |
| STREET ADDRESS | 2307 GULF SHORE BLVD., N.        |                                            |
| CITY-ST-ZIP    | NAPLES FL                        |                                            |
| TITLE          | TD                               | <input checked="" type="checkbox"/> Delete |
| NAME           | MACK, RICHARD                    |                                            |
| STREET ADDRESS | 2315 GULF SHORE BLVD., N.        |                                            |
| CITY-ST-ZIP    | NAPLES FL                        |                                            |
| TITLE          | S                                | <input type="checkbox"/> Delete            |
| NAME           | NICOLEY, BETTY                   |                                            |
| STREET ADDRESS | 2384 GULF SHORE BLVD N.          |                                            |
| CITY-ST-ZIP    | NAPLES FL 34103                  |                                            |
| TITLE          | D                                | <input type="checkbox"/> Delete            |
| NAME           | WAYNE, KATHY                     |                                            |
| STREET ADDRESS | 2400 GULF SHORE BLVD, NORTH #605 |                                            |
| CITY-ST-ZIP    | NAPLES FL 34103                  |                                            |
| TITLE          | D                                | <input type="checkbox"/> Delete            |
| NAME           | PECARO, BERNARD                  |                                            |
| STREET ADDRESS | 2390 GULF SHORE BLVD NORTH       |                                            |
| CITY-ST-ZIP    | NAPLES FL 34103                  |                                            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | TD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Borman, Earle K.         |                                                                              |
| STREET ADDRESS | 2354 gulf shore Blvd. N. |                                                                              |
| CITY-ST-ZIP    | Naples, FL               |                                                                              |
| TITLE          | Nicolay                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | DP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2000 941 262 3051

CR2E037 (9/99)