## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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## Mar 25, 2005 8:00 am والخراط Secretary of State **DOCUMENT #753275** 1. Entity Name 03-25-2005 90025 020 \*\*\*\*61.25 ADMÍRAL'S CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 610 S.E. VICTORIA DR. C/O PROFESSIONALLY YOURS INC CAPE CORAL, FL 33904 PO BOX 100831 CAPE CORAL, FL 33910 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Cha-NP CR2E037 (10/03) 4. FEI Number 59-2069373 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ecorge Teague CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 Professionally Yours, Inc. 8270 College Pkwy. #103 CAPÉ CORAL, FL 33904 Ft. Myers, FL 33919. City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete TITLE ■ Addition TITLE KAMANSKY, FRED NAME NAME 9703 SW 133 PLACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-7IP STD Delete ☐ Change ☐ Addition TITLE MAYHEW, MARGARET NAME STREET ADDRESS STREET ADDRESS 610 VICTORIA DR B-102 CITY-ST-7IP CAPE CORAL, FL 33904 CITY-ST-ZIP PD PRESIDE UTTERange RIGBY ☐ Addition TITLE TITLE **D** Delete SIMPSON; JAMES NAME 610 VICTORIA DE A101 NAME STREET ADDRESS 610 VICTORIA DR A-101 STREET ADDRESS CAPE CORAL FL 33904 CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition THOM, TERRY NAME STREET ADDRESS 1214 LEXINGTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW ALBANY, IN 47150 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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