2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753275

FILED Apr 27, 2009 Secretary of State

Entity Name: ADMIRAL'S CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O AMERICAN CONDO MGMT. 615 CAPE CORAL PKWY W #103 CAPE CORAL, FL 33914 US

Current Mailing Address: New Mailing Address:

C/O AMERICAN CONDO MGMT. POB 100399 CAPE CORAL, FL 33910 US

FEI Number: 59-2069373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KASE, SUSAN CAM C/O AMERICAN CONDO MGMT. 615 CAPE CORAL PKWY W. #103 CAPE CORAL, FL 33914 US

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:

Flatori Circulus f Davidos d'Arad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:ST() DeleteTitle:D(X) Change () AdditionName:COURTE, MAXINEName:VERMILYE, SHARONAddress:610 VICTORIA DRIVEAddress:1380 CROOKED STICK DRIVECity-St-Zip:CAPE CORAL, FL 33904 USCity-St-Zip:O'FALLON, MO 63306 US

Title: D () Delete Title: () Change () Addition Name: MAYHEW, MARGARET Name:

 Name:
 MAYHEW, MARGARE I
 Name:

 Address:
 610 VICTORIA DR B-102
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904 US
 City-St-Zip:

Title: VP () Delete Title: ST (X) Change () Addition

 Name:
 FARGNOLI, MARION
 Name:
 FARGNOLI, MARION

 Address:
 610 VICTORIA DR. 101C
 Address:
 610 VICTORIA DR. 101C

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: P () Delete Title: () Change () Addition

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 HAMILTON, LASRRY
 Name:
 HAMILTON, LARRY

 Address:
 610 VICTORIA DRIVE
 Address:
 610 VICTORIA DRIVE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HASLETT PRES 04/27/2009