**FILE NOW: FILING FEE IS \$61.25** 

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 01, 1999 8:00 am § Secretary of State

05-01-1999 90069 036 \*\*\*\*61.25

**FILED** 

**DOCUMENT # 758818** 

THE ADMIRAL OWNERS' ASSOCIATION, INC.

Principal Place of Business 8750 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957

Mailing Address

8750 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957

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466823 - 90069 - 36

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2. Principal P	Place of Business	2a. Mailing Address			3	Date Incorporated or Qualifed				
21		26				06/17/1981				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4	I. FEI Number		<u> </u>	plied For	
22						59-2296721	<del> </del>	<del></del>	t Applicable	
City & Stat	e	City & State			5	5. Certifcate of Status	Desired	<b>~</b>	Additional ==	
23		28						Fee Re		
Zip			Country	The Electron of Impaign :			~	9   1		
24				Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent						
	9. Name and Address of Current	81	Name	- 10	v. Name and Address	s of New Registered	Agent			
		10.	Name							
DIREKTO	82 Street Address (P.O. Box Number is Not Acceptable)									
500 AUS	TRALIAN AVE., S., 🚁 🚈		83							
9TH FLO	ORED ESTER COSTA IN THE	\$50	63		1					
WEST PA	LM BCH FL 33401	4	84	City		1	F- 1	85 Zip (	Code	
	2.6	<u> </u>			'		FL	<u> </u>		
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617,1508, Florida Statutes	s, the above	e-named	corporati	on submits this statem	ent for the purpose of rehy accept the appoi	rchanging its intment as re	registered aistered	
agent. I a	am familiar with, and accept the obligation	ons of, Section 617.0503, Florid	da Statutes	i. 00, p.	0(000)13	DOG! G D! G!! DO(O! 5: 1 110	ings) added to a the			
SIGNATURE	TO HELD STATE CO.	1							}	
	Signature, typed or printed name of registered agent a		Registered Age	nt signeture n	equired wher		DATE	ID BIDECTO	70 IN 42	
12.	OFFICERS AND		13.			ADDITIONS/CHANG	ES TO OFFICERS AN			
TITLE	PD	XXDELETE	1.1 TITLE		TD			☐ Criange	XX Addition	
NAME	LANDI, ANTHONY W		1.2 NAME		RUSS	SELL, RICH	ARD G.		-	
STREET ADDRESS			1.3 STREE	3 STREET ADDRESS 87		O S Ocean	DR., #731			
CITY-ST-ZIP	JENSEN BEACH FL 34957.		1.4 CITY-ST-ZIP T 6		Jens	sen Beach,	FL 34957		T Addition	
TITLE	VD	☐ DELETE	2.1 TITLE	2.1 TITLE D				XX Change	☐ Addition	
NAME	L'OEFFELBEIN, ROGER C		2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS						,	
CITY-ST-ZIP	JENSEN BEACH FL 34957		2. 4 CITY-ST-ZIP						~- ·	
TITLE	PD	XXOELETE	3.1 TITLE					Change	Addition	
,NAME	BROWN, THOMAS	i	3.2 NAME							
STREET ADDRESS		3.3 5		3.3 STREET ADORESS						
CITY-ST-ZIP	JENSEN BEACH FL 34957	, , , , , , , , , , , , , , , , , , , ,	3.4. CITY-5	3.4. CITY-ST-ZIP					<del></del>	
TITLE	TD	☐ DELETE	4.1 TITLE		PD			<b>X</b> Change	☐ Addition	
NAME .	WALKER, JOHN M.		4. 2 NAME							
STREET ADORESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	4.4 CITY-ST-ZIP						
ΠTLE	SD	☐ DELETE	5.1 TITLE		VD		i.	XXChange	☐ Addition	
NAME			5.2 NAME	T ADDRESS						
STREET ADDRESS	8750 S OCEAN DR, 1636	11, 1000								
CITY-ST-ZIP	JENSEN BEACH FL 34957			CITY-ST-ZIP						
TITLE .	D	☐ DELETE	6.1 TITLE		SD			Change	☐ Addition	
NAME ( STATE )	GAIDON, FRANK J	•	6.2 NAME							
STREET ADDRESS : 8750 SOUTH OCEAN DRIVE, #1231			6.3 STREE	TADDRESS					ļ	
7.00 7 7 7 7	I IELIANIA DEL OLI EL ALORD		1		1	:			1	

CITY-ST-ZIP ST- JENSEN BEACH FL 34957 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 suppliemental 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:

4/29/99

(561)229-3305