2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 11, 2010 **DOCUMENT#758850** Secretary of State

Entity Name: ADMIRALTY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

FEI Number Applied For ()

Current Principal Place of Business:

New Principal Place of Business:

GULF SHORES CAM INC ALLIANT PROPERTY MANAGEMENT LLC 76 PONDELLA ROAD, SUITE 201 6719 WINKLER RD. STE. 200

FT. MYERS, FL 33919

Current Mailing Address:

FEI Number: 59-2302729

NORTH FT MYERS, FL 33917

New Mailing Address:

GULF SHORES CAM INC 76 PONDELLA ROAD, SUITE 201

ALLIANT PROPERTY MANAGEMENT LLC 6719 WINKLER RD. STE. 200 FT. MYERS, FL 33919

NORTH FT MYERS, FL 33917

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAPOSTA, RICHARD L GÜLF SHÓRES C.A.M. INC 76 PONDELLA ROAD SUITE #201 NORTH FORT MYERS, FL 33903 US ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD. STE. 200

FT. MYERS, FL 33919

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: JOHN M. STROHM, AGENT

06/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

BOYARSKI, RICHARD Name: Address: 15452-3 ADMIRALTY CIRCLE City-St-Zip: NORTH FORT MYERS, FL 33917

Title:

Name: AURAND, SYLVIA

Address: 15488-1 ADMIRALTY CIRCLE City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP

SIMEONS, JAMES Name: Address: 15464-9ADMIRALTY CIR City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS

Name: PETRY, JOHN

15488-7 ADMIRALTY CIRCLE Address: City-St-Zip: NORTH FORT MYERS, FL 33917

Title:

JAKABAUSKI, JOHN Name: 15472-2 ADMIRALTY CIRCLE Address: NORTH FORT MYERS, FL 33917 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA AURAND DT 06/11/2010