FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766283 (6)

1. Corporation Name
ADMIRAL'S QUARTERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1030 SE 46TH ST.
CAPE CORAL FL 33904

Mailing Address
1030 SE 46TH ST.
CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 12/23/1982
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-2459786 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 ___
Suite, Apt. #, etc. 22 ___
City & State 23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc. 27 ___
City & State 28 ___
Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**
NORRIS, WILLIAM
1030 SE 46TH STREET
CAPE CORAL FL 33904

10. **Name and Address of New Registered Agent**
81 Name ___
82 Street Address (P.O. Box Number is Not Acceptable) ___
83 ___
84 City ___ FL 85 Zip Code ___

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William S. Norris President Admirals Qtrs Condo Assn.* DATE *1-22-96*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	NORRIS, WILLIAM	
STREET ADDRESS	1030 SE 46TH ST #201	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	~~VD~~	☒ DELETE
NAME	~~LANGE, PHYLLIS~~	
STREET ADDRESS	~~1020 SE 46ST #101~~	
CITY-ST-ZIP	~~CAPE CORAL FL~~	
TITLE	SD	☐ DELETE
NAME	IANNINI, JANE	
STREET ADDRESS	1030 SE 46TH STREET #104	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	*VD*	☐ Change ☒ Addition
2.2 NAME	*SHIRLEY A. WIACEK*	
2.3 STREET ADDRESS	*1030 S/E 46TH ST #204*	
2.4 CITY-ST-ZIP	*CAPE CORAL FL*	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE: *William S. Norris President* — Date *1-22-96* — Daytime Phone # *941-945-0043*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)