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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

ADMIRAL'S QUARTERS CONDOMINIUM ASSOCIATION, INC.

| Principal Place | e of Business | Mailing Address | | | i in till tadië ditid filite bine isans sainn | etin Alftif Armei difter Erftit beffin fillet idne. |
|---|---|---------------------------------------|--|--|---|--|
| 1030 SE 46TH ST. 1030 SE 46TH ST. CAPE CORAL FL 33904 8878 | | 878 | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/23/1982 | 3a. Date of Last Report 01/26/1996 |
| — · | lace of Business | 2a. Mailing Address | | | 4. FEI Number 59-2459786 | Applied For |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | ····· | 30 2430700 | Not Applicable \$8.75 Additional |
| 22 | 7,00 | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | · | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 [Zip | Cou | nteu | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | IL y | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, Yes No |
| 1 | 9. Name and Address of Curre | | | | 10. Name and Address of New Re | |
| | | | | 81 Name | | |
| NORRIS, WILLIAM | | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptab | le) |
| 1030 SE 46TH STREET CAPE CORAL FL 33904 | | | ŀ | 83 | | |
| | | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statu | tes, the at | ove-named corp | poration submits this statement for the p | urpose of changing its registered |
| agent. I a | m familiar with, and accept the oblig | | | | tion's board of directors. I hereby accep | |
| SIGNATURE | William S. Hou | | | i Cordo A | | !-/-97 DATE |
| 12. | Signature, typed or printed name of registered as OFFICERS At | Political Properties (NO ND DIRECTORS | 13. | Agent signature requir | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PTD | ☐ DELETE | 1.1 1 | LE | | Change Addition |
| NAME | Norris, William | | | | | |
| STREE1 ADDRESS | | | 1.2 NA | ME | | · v — |
| STREET ADDRESS | 1030 SE 46TH ST #201 | | | ME Reet address | | · - |
| CITY - ST - ZIP | CAPE CORAL FL | | 1.3 ST 1.4 CI | REET ADDRESS TY-ST-ZIP | | |
| CITY - ST - ZIP TITLE | CAPE CORAL FL VD | DELETE | 1.3 ST 1.4 CI 2.1 TII | REET ADDRESS TY-ST-ZIP LE | | ☐ Change ☐ Addition |
| CITY-ST-ZIP TITLE NAME | CAPE CORAL FL VD WIACEK, SHIRLEY A | ☐ DELETE | 1.3 ST 1.4 CI 2.1 TII 2.2 NA | REET ADDRESS IY-ST-ZIP LE ME | | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | CAPE CORAL FL VD WIACEK, SHIRLEY A 1030 SE 46TH ST # 204 | ☐ DELETE | 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST | REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS | | ☐ Change ☐ Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CAPE CORAL FL VD WIACEK, SHIRLEY A 1030 SE 46TH ST # 204 CAPE CORAL FL SD IANNINI, JANE | ☐ DELETE | 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C | REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE | | |
| CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | CAPE CORAL FL VD WIACEK, SHIRLEY A 1030 SE 46TH ST # 204 CAPE CORAL FL SD IANNINI, JANE 1030 SE 46TH STREET #10 | ☐ DELETE | 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA | REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CAPE CORAL FL VD WIACEK, SHIRLEY A 1030 SE 46TH ST # 204 CAPE CORAL FL SD IANNINI, JANE | ☐ DELETE | 1.3 ST 1.4 CI 2.1 TII 22 NA 2.3 ST 2.4 C 3.1 TII 3.2 NA 3.3 SI 3.4 C | REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP | | ☐ Change ☐ Addition |
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6.4 CITY-ST-ZIP 14. I do 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 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: Willia

CITY-ST-2IP

941-945-0043

FILED

Feb 06 1997 8:00am

Secretary of State