

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 043 \*\*\*150.00

**DOCUMENT # H82703**

1. Entity Name

ADMIRAL'S COVE, INC.



Principal Place of Business

200 ADMIRALS COVE BLVD.  
STE 417  
JUPITER FL 33477

Mailing Address

200 ADMIRALS COVE BLVD.  
STE 417  
JUPITER FL 33477



2. Principal Place of Business

3801 PGA BLVD.

3. Mailing Address

3801 PGA BLVD.

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

SUITE 107

City & State

City & State

PALM BEACH GARDENS, FL

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2636195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HYMAN, SHERRY LEFKOWI E  
200 ADMIRALS COVE BLVD.  
STE 417  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name  
SHERRY LEFKOWITZ HYMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA BLVD.

SUITE 107

City

PALM BEACH GARDENS, FL

Zip Code

33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKEL, BENJAMIN	
STREET ADDRESS	200 ADMIRAL'S COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANKEL, WILLIAM	
STREET ADDRESS	1845 WALNUT ST., 16TH FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRAL'S COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3801 PGA BLVD. - SUITE 107
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3801 PGA BLVD. - SUITE 107
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06

561-744-1033

Date

Daytime Phone #