

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 040 ****61.25

DOCUMENT # N00000006725					
1. Entity Name ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.					
Principal Place of Business 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019			Mailing Address 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business 980 Harbor Islands Dr. Suite, Apt. #, etc.		3. Mailing Address 980 Harbor Islands Dr. Suite, Apt. #, etc.			
City & State Hollywood FL		City & State Hollywood FL		4. FEI Number 65-1057071	
Zip 33019		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA ATTN: DAVID ROGEL, ESQ. 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE V	NAME GOODMAN, STEVE		TITLE President	NAME William Rapoport	
STREET ADDRESS 960 HARBOR ISLANDS DRIVE	CITY-ST-ZIP HOLLYWOOD, FL 33019		STREET ADDRESS 980 Harbor Islands Dr.	CITY-ST-ZIP Hollywood, FL 33019	
TITLE ST	NAME KAMMERMAN, ROY		TITLE Vice President	NAME Roy Kammerman	
STREET ADDRESS 960 HARBOR ISLANDS DRIVE	CITY-ST-ZIP HOLLYWOOD, FL 33019		STREET ADDRESS 980 Harbor Islands Dr	CITY-ST-ZIP Hollywood, FL 33019	
TITLE P	NAME MACNEILLE, EBEN		TITLE Secretary/Treasurer	NAME Gregory Serfer	
STREET ADDRESS 960 HARBOR ISLANDS DRIVE	CITY-ST-ZIP HOLLYWOOD, FL 33019		STREET ADDRESS 980 Harbor Islands Dr	CITY-ST-ZIP Hollywood, FL 33019	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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 officers empowered.					
SIGNATURE: <u>William Rapoport</u> <u>1/6/06</u> <u>954-454-1662</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					