

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 23, 2012**  
**Secretary of State**

DOCUMENT# N00000006725

**Entity Name:** ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.**Current Principal Place of Business:**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**New Principal Place of Business:****Current Mailing Address:**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**New Mailing Address:****FEI Number:** 65-1057071**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, PA  
ATTN: DAVID ROGEL, ESQ.  
121 ALHAMBRA PLAZA SUITE 1000  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**SIEGFRIED, RIVERA, LERNER, DE LA TORRE  
LISA LERNER, ESQUIRE  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134 US

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: LISA LERNER

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FASKOW, NANCY  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPD  
Name: PARK, HANNAH  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: STD  
Name: SOCOL, STUART  
Address: 980 HARBOR ISLANDS DR  
City-St-Zip: HOLLYWOOD, FL 33019

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: NANCY FASKOW

PD

04/23/2012

Electronic Signature of Signing Officer or Director

Date