

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/

DOCUMENT # N02829

1. Entity Name

THE ADMIRALTY CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

02-01-2000 90004 020 ****61.25

Principal Place of Business

Mailing Address

497 GERMAIN AVE
NAPLES FL 34108
US

497 GERMAIN AVE
NAPLES FL 34108-2127
US



DO NOT WRITE IN THIS SPACE

Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-2409493

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I submit this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	TD MCCARTHY, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	2030 IMPERIAL GOLF COURSE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	PD FAUST, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	4601 W 125TH ST	
CITY-ST-ZIP	LEAWOOD KS	
TITLE NAME	SD BENNETT, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	2843 PEMBROKE RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	DS PETTIT, PAMELA D	<input type="checkbox"/> Delete
STREET ADDRESS	497 GERMAIN AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	JACK WALLY DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9415 GULF SHORE DR. # 501	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 another like empowered.

SIGNATURE: *La*

UPPER REQUIRED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 941-592-9229