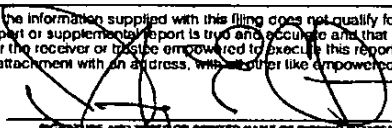


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 014 ****61.25

DOCUMENT # N03000003695			
1. Entity Name ADMIRAL'S LANDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 223 TAYLOR STREET PUNTA GORDA, FL 33950		Mailing Address PO BOX 511448 PUNTA GORDA, FL 33951-1448	
2. Principal Place of Business 109 Taylor Street Suite, Apt. #, etc. Suite 112 City & State Punta Gorda, FL Zip 33950 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 55-0863007		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Edward L. Wotitzky Street Address (P.O. Box Number is Not Acceptable) 109 Taylor Street - Suite 112 City Punta Gorda FL Zip Code 33950	
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 _____			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPT CRIST, DOUGLAS E ☐ Delete PO BOX 511448 PUNTA GORDA, FL 33951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNS, LEWIS D ☐ Delete PO BOX 511448 PUNTA GORDA, FL 33951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FASSETT, RANDY D ☐ Delete PO BOX 511448 PUNTA GORDA, FL 33951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 or without other like empowered.			
SIGNATURE:  DOUGLAS E. CRIST		Date 4/8/05 941-639-4220 Daytime Phone #	

66018026



01062005 Chg-NP CR2E037 (10/03)