

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90309 045 ****61.25

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1. Entity Name
ADMIRAL'S LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**109 TAYLOR STREET
SUITE 112
PUNTA GORDA, FL 33950**

Mailing Address
**PO BOX 511448
PUNTA GORDA, FL 33951-1448**

20060000



2. Principal Place of Business
222 Lewis Circle

3. Mailing Address
100 Sullivan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Punta Gorda FL

City & State
Punta Gorda FL

Zip
33972

Country
USA

Zip
33950

Country
USA

04022006 Chg-NP CR2E037 (11/05)

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
109 TAYLOR STREET, SUITE 112
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name
JOAN GREENE
Street Address (P.O. Box Number is Not Acceptable)
100 Sullivan St
Ste 112
City
Punta Gorda FL Zip Code
33972

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 \$61.25
Due by May 1, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
CRIST, DOUGLAS E
PO BOX 511448
PUNTA GORDA, FL 33951** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
JOHNS, LEWIS D
PO BOX 511448
PUNTA GORDA, FL 33951** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FASSETT, RANDY D
PO BOX 511448
PUNTA GORDA, FL 33951** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARSHALL COHEN
222 LEWIS CIRCLE #141
PUNTA GORDA FL 33950** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Jim Warren
830 HANSHAW RD
ITHACA NY 14850** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHELLEY CORS
3948 LA COSTA ISLAND CT
PUNTA GORDA FL 33950** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #