

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003695

FILED
Feb 22, 2009
Secretary of State

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

Current Principal Place of Business:

222 LEWIS CIR
PUNTA GORDA, FL 33951

New Principal Place of Business:

222 LEWIS CIR
PUNTA GORDA, FL 33950 US

Current Mailing Address:

100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950

New Mailing Address:

100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

FEI Number: 55-0863007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARSHALL, COHEN
Address: 222 LEWIS CIR 141
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD () Delete
Name: WARREN, JIM
Address: 830 HANSHAW RD
City-St-Zip: ITHACA, NY 14850

Title: D () Delete
Name: NOWACK, GARY
Address: 3867 TIMBER CREEK
City-St-Zip: LAMBERTVILLE, MI 48144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CORS, SHELLEY
Address: 222 LEWIS CIR 131
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD (X) Change () Addition
Name: WARREN, JIM
Address: 830 HANSHAW RD
City-St-Zip: ITHACA, NY 14850 US

Title: VPD (X) Change () Addition
Name: NOWACK, GARY
Address: 3867 TIMBER CREEK
City-St-Zip: LAMBERTVILLE, MI 48144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM WARREN

PRES

02/22/2009

Electronic Signature of Signing Officer or Director

Date