

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 022 ****61.25

DOCUMENT # N05000001560

1. Entity Name
**ADMIRAL'S COVE CARES CHARITABLE FOUNDATION,
INC.**



Principal Place of Business
**200 ADMIRALS COVE BLVD
JUPITER, FL 33477**

Mailing Address
**200 ADMIRALS COVE BLVD
JUPITER, FL 33477**

40067602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3786373

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRING, JOHN
200 ADMIRALS COVE BLVD
JUPITER, FL 33477**

Name

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

City

FL

Zip Code

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, 2008**

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 **P** ☒ Delete
NAME **DAREN, DONALD**
STREET ADDRESS **264 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33467**

TITLE **P** ☒ Change ☐ Addition
NAME **HOLM, GERALD**
STREET ADDRESS **340 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **VP** ☒ Delete
NAME **DOWD, MARCIA**
STREET ADDRESS **162 COMMODORE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **VP** ☐ Change ☒ Addition
NAME **SHEEHAN, RICHARD**
STREET ADDRESS **6271 FOX RUN CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **S** ☒ Delete
NAME **GOLD, HARVEY**
STREET ADDRESS **379 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **S** ☐ Change ☒ Addition
NAME **FINK, GAIL**
STREET ADDRESS **191 COMMODORE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **T** ☒ Delete
NAME **HOLM, GERALD**
STREET ADDRESS **340 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **T** ☒ Change ☐ Addition
NAME **GOLD, HARVEY**
STREET ADDRESS **379 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08 561-745-5812
Date Daytime Phone #