

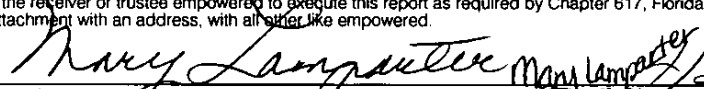


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Secretary of State

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DOCUMENT # N16999						04-28-2008 90385 050 ***61.25	
1. Entity Name ADMIRAL'S COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business 200 ADMIRALS COVE BLVD JUPITER, FL 33477			Mailing Address 200 ADMIRALS COVE BLVD JUPITER, FL 33477				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232008 Chg-NP CR2E037 (12/06)	
City & State			City & State			4. FEI Number 58-1707153	
Zip		Country	Zip		Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
TED S. HERRLE, GENERAL MANAGEMENT 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$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	S	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMPARTER, MARY			NAME	Mary Lamparter		
STREET ADDRESS	377 EAGLE			STREET ADDRESS	377 Eagle Dr		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33477		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	QUINLAN, DAVID			NAME	Daniel Kantor		
STREET ADDRESS	97 REGATIA DRIVE			STREET ADDRESS	252 Eagle Dr		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33477		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARBEITER, BRUCE			NAME	George Heisel		
STREET ADDRESS	359 EAGLE DR.			STREET ADDRESS	3802 Captains Way		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33407		
TITLE	2VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENJAMIN, JOHN			NAME	John Benjamin		
STREET ADDRESS	245 REGATTA			STREET ADDRESS	245 Regatta Dr		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33477		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORNBUSH, DARWIN			NAME	Darwin Dornbush		
STREET ADDRESS	211 ISLAND DR			STREET ADDRESS	211 Island Dr		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33477		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LITTMAN, BRUCE			NAME	Harold Kutner		
STREET ADDRESS	150 SPYGLASS LANE			STREET ADDRESS	113 Commadore Dr		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33477		
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: 				Date: 5/23/08 (501) 746-7769			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N16999 1. Entity Name ADMIRAL'S COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 200 ADMIRALS COVE BLVD JUPITER, FL 33477				Mailing Address 200 ADMIRALS COVE BLVD JUPITER, FL 33477	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 58-1707153				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TED S. HERRLE, GENERAL MANAGEMENT 200 ADMIRALS COVE BLVD JUPITER, FL 33477				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S LAMPARTER, MARY 377 EAGLE JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Decker 109 Commodore Dr Jupiter, FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLAN, DAVID 97 REGATIA DRIVE JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARBEITER, BRUCE 359 EAGLE DR. JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BENJAMIN, JOHN 245 REGATTA JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNBUSH, DARWIN 211 ISLAND DR JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTMAN, BRUCE 150 SPYGLASS LANE JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: <u>Mary Lamparter</u> <u>Mary Lamparter</u> <u>4/23/08</u> <u>(561) 746-7769</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					