

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17502 (8)
1. Corporation Name
ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
200 ADMIRALS COVE BLVD. **200 ADMIRALS COVE BLVD.**
JUPITER FL 33477 **JUPITER FL 33477**

3. Date Incorporated or Qualified

10/24/1986

4. FEI Number

59-2741392

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANK, ROME, COMISKY & MCCAULEY
1401 FORUM WY
WEST PALM BCH FL 33401

81 Name **Admirals Cove Management Co**
82 Street Address (P.O. Box Number is Not Acceptable) **200 Admirals Cove Blvd**
83
84 City **Jupiter** **FL** 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/25/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MAKRANSKY, JACK**
STREET ADDRESS **200 ADMIRALS COVE BLVD.**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **SHEEHAN, DICK**
STREET ADDRESS **200 ADMIRALS COVE BLVD.**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **THOMAS, FRANKEL**
STREET ADDRESS **200 ADMIRALS COVE BLVD.**
CITY-ST-ZIP **JUPITER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LIGHT, JULIAN C**
STREET ADDRESS **95 REGATTO DRIVE**
CITY-ST-ZIP **JUPITER FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D ROGER W. HOLMES**
4.3 STREET ADDRESS **181 COMMODORE DR**
4.4 CITY-ST-ZIP **Jupiter FL 33477**

TITLE **D** ☒ DELETE
NAME **LEVY, BENJAMIN**
STREET ADDRESS **327 REGATTA DRIVE**
CITY-ST-ZIP **JUPITER FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **BRUCE S. FRANK**
5.3 STREET ADDRESS **392 EAGLE DR**
5.4 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Frankel

4/28/98 (561) 744-1700

CR2E037 (10/97)