

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17502

1. Entity Name

ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS ASSOCIAT

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90237 014 ****61.25

Principal Place of Business

Mailing Address

200 ADMIRALS COVE BLVD.
 JUPITER FL 33477

200 ADMIRALS COVE BLVD.
 JUPITER FL 33477-4046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2741392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADMIRALS COVE MGMT
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE D ☒ Delete
 NAME HOLMES, ROBER W
 STREET ADDRESS 181 COMMODORE DR
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☒ Addition
 NAME RICHARD GORDON
 STREET ADDRESS 344 REGATTA DR
 CITY-ST-ZIP Jupiter FL 33477

TITLE D ☒ Delete
 NAME DECTOR, IRVING
 STREET ADDRESS 418 MARINER DR
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☒ Addition
 NAME BRUCE FRANK D
 STREET ADDRESS 392 EAGLE DR
 CITY-ST-ZIP Jupiter FL 33477

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 exemption stated in Section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

561-744-1700

Date

Daytime Phone #

CR2E037 (9/99)