

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0055136

DOCUMENT # N17502

1. Entity Name

ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS ASSOCIAT

05-17-2001 91076 043 *****61.25

Principal Place of Business

Mailing Address

**200 ADMIRALS COVE BLVD.
 JUPITER FL 33477**

**200 ADMIRALS COVE BLVD.
 JUPITER FL 33477**

00055007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2741392

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

**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	<input checked="" type="checkbox"/> Delete
NAME	MAKRANSKY, JACK	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEEHAN, DICK	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMAS, FRANKEL	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, ROBER W	
STREET ADDRESS	181 COMMODORE DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DECTOR, IRVING	
STREET ADDRESS	418 MARINER DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISSCITHORN, CRAIG J	
STREET ADDRESS	130 GUNNYSIDE DR	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIED, HERB	
STREET ADDRESS	121 SPINNAKER LANE	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quilan, David	
STREET ADDRESS	97 REGATTA DR	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Tom Frankel President

4/26/01 561-745-2673

CR2E037 (10/00)