

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90012 007 \*\*\*\*61.25

**DOCUMENT # N17502**

1. Entity Name

**ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

200 ADMIRALS COVE BLVD.  
 JUPITER FL 33477

200 ADMIRALS COVE BLVD.  
 JUPITER FL 33477

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

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 ☐ Delete  
 NAME **D MISSCIHORN, CRAIG J**  
 STREET ADDRESS **130 QUNYSIDE DRIVE**  
 CITY-ST-ZIP **JUPITER FL 33417**

TITLE ☒ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS **130 QUAYSIDE DR (CORR spell)**  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME ~~ST~~  
 STREET ADDRESS ~~130 QUAYSIDE DRIVE~~  
 CITY-ST-ZIP ~~JUPITER, FL~~

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

TITLE ☐ Change ☐ Addition  
 NAME **TD WYMAN, DAVID**  
 STREET ADDRESS **167 COMMODORE DRIVE**  
 CITY-ST-ZIP **JUPITER, FL**

TITLE ☐ Delete  
 NAME **D FRIED, HERB**  
 STREET ADDRESS **121 SPINNAKER LANE**  
 CITY-ST-ZIP **JUPITER FL 33437**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D DUILAN, DAVID**  
 STREET ADDRESS **97 REGATTA DR**  
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☒ Change ☐ Addition  
 NAME **VD QUINLAN (correct spelling)**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **SD FRANK, BRUCE**  
 STREET ADDRESS **392 EAGLE DRIVE**  
 CITY-ST-ZIP **JUPITER, FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)