

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90245 004 ****61.25

DOCUMENT # N17502

1. Entity Name

ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

200 ADMIRALS COVE BLVD.
JUPITER FL 33477

Mailing Address

PO BOX 9109
JUPITER FL 33468

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

ADMIRALS COVE COMMUNITY SERVICES
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

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MISSCIHORN, CRAIG J	
STREET ADDRESS	130 QUAYSIDE DRIVE	
CITY-ST-ZIP	JUPITER FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WYMAN, RICHARD	
STREET ADDRESS	167 COMMODORE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRIED, HERB	
STREET ADDRESS	121-SPINNAKER LANE	
CITY-ST-ZIP	JUPITER FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINLAN, DAVID	
STREET ADDRESS	97 REGATTA DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANK, BRUCE	
STREET ADDRESS	392 EAGLE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st VP & Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2nd VP & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Decker	
STREET ADDRESS	109 Commodore Dr	
CITY-ST-ZIP	Jupiter FL 33477	

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 persons empowered.

SIGNATURE:

David C. Quinlan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Quinlan
Date

4-27-04 561
746-7769
Daytime Phone #