2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 02, 2006 8:00 am Secretary of State

DOCUMENT # N17502 08-02-2006 90002 044 ****61.25 1. Entity Name ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 200 ADMIRALS COVE BLVD. PO BOX 9109 50023857 JUPITER, FL 33477 JUPITER, FL 33468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number Applied For 59-2741392 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADMIRALS COVE COMMUNITY SERVICES 200 ADMIRALS COVE BLVD Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33477 City 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Birector □ Defete TITLE Change Addition QUINLAN, DAVID NAME NAME STREET ADDRESS 97 REGATTA DR STREET ADDRESS CiTY-ST-ZIP JUPITER, FL 33477 City-St-ZIP 1VPS TITLE ☐ Delete TITLE ☐ Change Addition FRANK, BRUCE NAME NAME STREET ADDRESS 392 EAGLE DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER, FL CITY-ST-ZIP

DARWIN DORUBUSH 211 ISLAND DRIVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter, FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARY LAMPARTER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-ST-7IP

☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 adquired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachnest with an address, with a content of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

2VPT

DECKER, JERRY

109 COMMADORE DR.

JUPITER, FL 33477

Date Daytime Phone #

☐ Change

Change

■ Addition

☐ Addition