2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N17502



FILED Feb 19, 2007 8:00 am Secretary of State 02-19-2007 90059 014 ****61.25

1. Entity Name ADMIRAL'S COVE SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC.								02-19-2	2007 900	159 01	4 ****t	51.25	
Principal Place of Business 200 ADMIRALS COVE BLVD. JUPITER, FL 33477 Mailing Address PO BOX 9109 WPITER, FL 33468							400-	•					
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01252007	Chg-NP	CR	2E037	(12/06)	
City & State			Cit	City & State			4	4. FEI Number 59-2741392					oplied For ot Applicable
Zip Country			Zip		ıntry	5. Certificate of Status Desired See Required							
6. Name and Address of Current Registered Agent					Nomo	7	7. Name and	Address of N	New Registe	ered Ag	ent		
ADMIRALS COVE COMMUNITY SERVICES						Name Street Address (P.O. Box Number is Not Acceptable)							
JUPITER, FL 33477						, <u></u>							
						City					FL	Zip Coo	
the obligat	named entit ions of regist	ty submits this statement tered agent.	for the purp	ose of changing its	register	ed office or req	egistered	d agent, or both	n, in the State	of Florida.	I am far	miliar with,	, and accept
SIGNATURE .	Signature, typed	d or printed name of registered agr	ant and title if app	plicable. (NOT)	E: Registere	d Agent signature re	required wh	heri reinstating)		C	DATE		
	_	e is \$61.25 May 1, 2007		9. Election Car Trust Fund 0			J A	55.00 May Bo		Florida D	epartn		tate
10.	Due by N	-	DIRECTORS	Trust Fund (Contribut	ion.	J A	55.00 May Be added to Fees		Florida D	epartn	CTORS IN	tate
TITLE	Due by N	OFFICERS AND I	DIRECTORS	Trust Fund 0	11.	ion. E	J A	dded to Fees		Florida D	epartn	nent of S	tate
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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 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

Daytime Phone #