

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90201 023 \*\*\*\*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

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

2. Principal Place of Business

3. Mailing Address

**P.O. Box 9109**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JUPITER, FL**

Zip

Country

Zip

Country

**33468-9109 Palm Beach**

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 **Admirals Cove Community Services**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 ADMIRALS COVE BLVD**  
City **JUPITER** FL Zip Code **33477**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MISSCORN, CRAIG J	
STREET ADDRESS	130 QUAYSIDE DRIVE	
CITY-ST-ZIP	JUPITER FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYMAN, DAVID	
STREET ADDRESS	167 COMMODORE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYMAN, Richard	
STREET ADDRESS		
CITY-ST-ZIP		
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		<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:

*David W. Friedman*

4-11-03 \$61.746 4769

CR2E037 (10/02)