

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90162 001 \*\*\*\*61.25

|   |                                    |   |   |   |  |
|---|------------------------------------|---|---|---|--|
| <b>DOCUMENT # N20903</b>  |                                    |   |   |  |  |
| 1. Entity Name—<br>ADMIRALS INLET HOMEOWNERS ASSOCIATION, INC.  |                                    |   |   |   |  |
| Principal Place of Business<br>C/O RODNEY S. MARGOL<br>11062 RIVERPORT DRIVE W<br>JACKSONVILLE, FL 32223-7120   |                                    |   | Mailing Address<br>C/O RODNEY S. MARGOL<br>11062 RIVERPORT DRIVE W<br>JACKSONVILLE, FL 32223-7120 |   |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                                    | City & State  |   |   |  |
| Zip   |                                    | Country   |   | 4. FEI Number<br>59-2484373   |  |
|   |                                    |   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                    |   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                                    |   | 7. Name and Address of New Registered Agent   |   |  |
| MARGOL, RODNEY S.<br>11062 RIVERPORT DRIVE WEST<br>JACKSONVILLE, FL 32223   |                                    |   | 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: _____ DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                    |   |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
|   |                                    |   |   | Make check payable to<br>Florida Department of State                              |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | PD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| NAME  | MARGOL, RODNEY                     | NAME  |   |   |  |
| STREET ADDRESS  | 11062 RIVERPORT DR W               | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL                   | CITY-ST-ZIP   |   |   |  |
| TITLE   | TD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| NAME  | HADAAD, WILLIAM                    | NAME  |   |   |  |
| STREET ADDRESS  | 11029 RIVERPORT DRIVE EAST         | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL                   | CITY-ST-ZIP   |   |   |  |
| TITLE   | D. <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| NAME  | YERGIN, KATHY                      | NAME  |   |   |  |
| STREET ADDRESS  | 10980 RIVERPORT DR. W              | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL                   | CITY-ST-ZIP   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| NAME  |                                    | NAME  |   |   |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| NAME  |                                    | NAME  |   |   |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| NAME  |                                    | NAME  |   |   |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |                                    | 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: <i>William Haddad</i>  |                                    | <i>William Haddad</i>   |   | 3/7/05 904-262-5066   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                    | Date  |   | Daytime Phone #   |  |

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