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N22206

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 31 PM 2:31

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# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22206

1. Entity Name
ADMIRALTY VILLAGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3160 MATECUMBE KEY RD<br>PUNTA GORDA, FL 33955 US | 3160 MATECUMBE KEY RD<br>PUNTA GORDA, FL 33955 US |

01152007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Punta Gorda, FL |
| Zip / Country | Zip: 33950 / Country: USA |

4. FEI Number: 65-0048448 ☐ 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 |
|---|---|
| STAR HOSPITALITY MANAGEMENT, INC<br>6025 TAYLOR ROAD<br>SUITE 2<br>PUNTA GORDA, FL 33950 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Sherry Austin 2-27-07
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**
**Due by May 1, 2007**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HEWITT, GEOFF<br>3080-4 MAKECUMBER KEY RD<br>PUNTA GORDA, FL 33955 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 3080 MATACUMBEERD<br>PUNTA GORDA FL 33955 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MACDONALD, PAT<br>3041-4 MATECUMBE KEY RD<br>PUNTA GORDA, FL 33955 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ULRICH, ALICE<br>3021 MATECUMBE KEY ROAD # 2<br>PUNTA GORDA, FL 33955 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>Kathy Hansen<br>2961-1 MATECUMBE KEY RD<br>PUNTA GORDA, FL 33955 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B 11/6/07 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>ARmand F. Leclair<br>2051 matecumbe Key Rd #1<br>Punta Gorda, FL. 33955 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT 07 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Dennis Rivard<br>3041 Matecumbe Key Rd # 2<br>Punta Gorda, FL 33955 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Daniel Leather<br>3080 MATECUMBE RD #2<br>PUNTA GORDA FL. 33955 ☐ Change ☑ Addition |

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 added in an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date