
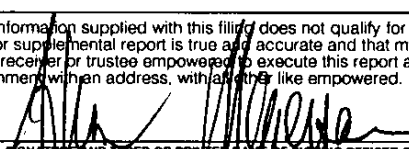
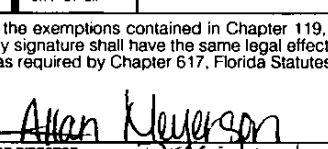


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90096 013 ****61.25

| | | | | | |
|---|---------------------|--|--|---|--|
| DOCUMENT # N24057 1. Entity Name SPYGLASS AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business % ADMIRAL'S COVE MPOA 200 ADMIRAL'S COVE BLVD JUPITER, FL 33477 | | | Mailing Address % ADMIRAL'S COVE MPOA 200 ADMIRAL'S COVE BLVD JUPITER, FL 33477 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0062205 | |
| 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 | | |
| SPYGLASS @ ADMIRALS COVE 200 ADMIRAL'S COVE BLVD JUPITER, FL 33477 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | VD | <input type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROCKOFF, STEPHEN | | NAME | Reggy Davis | |
| STREET ADDRESS | 314 SPYGLASS WAY | | STREET ADDRESS | 390 Spyglass Way | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | Jupiter, FL 33477 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYERSON, ALLAN | | NAME | Allan Meyerson | |
| STREET ADDRESS | 376 SPYGLASS WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEDEN, JASON | | NAME | Jason Beden | |
| STREET ADDRESS | 336 SPYGLASS WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZOCHOWSKI, ROBERT T | | NAME | Bill Cohen | |
| STREET ADDRESS | 310 SPYGLASS WAY | | STREET ADDRESS | 362 Spyglass Way | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | Jupiter, FL 33477 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Steve Rockoff | |
| STREET ADDRESS | | | STREET ADDRESS | 314 Spyglass Way | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Jupiter, FL 33477 | |
| 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 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, without other like empowered. | | | | | |
| SIGNATURE:  | | | SIGNATURE:  | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| Allan Meyerson President | | | 4/21/08 Date | | |
| | | | (561) 746-7709 Daytime Phone # | | |