

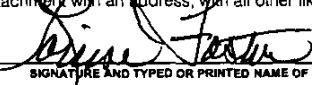


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90031 039 \*\*\*\*61.25

<b>DOCUMENT # N26078</b> 1. Entity Name <b>THE ADMIRALTY ASSOCIATION, INC.</b>					
Principal Place of Business <b>1111 SE FEDEREA HWY SUITE 100 STUART, FL 34994</b>			Mailing Address <b>1111 SE FEDEREA HWY SUITE 100 STUART, FL 34994</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-3060439</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>URICK, MARY CATHERINE 1130 SW CHAPMAN WAY #507 PALM CITY, FL 34990</b>			Name <b>LOUISE FOSTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1170 SW CHAPMAN WAY #109</b> City <b>PALM CITY</b> <b>FL</b> Zip Code <b>34990</b>		
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.</small>			DATE <b>2-09-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, DONALD L		NAME	FOSTER, LOUISE	
STREET ADDRESS	1150 SW CHAPMAN WAY, #306		STREET ADDRESS	1170 SW CHAPMAN WAY # 109	
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRUFF, ALAN		NAME		
STREET ADDRESS	1130 SW CHAPMAN WAY #501		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, RUSSELL		NAME		
STREET ADDRESS	1130 SW CHAPMAN WAY #508		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	3D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICOCK, BETTE		NAME	BATTEY, BARBARA	
STREET ADDRESS	1130 SW CHAPMAN WAY #502		STREET ADDRESS	1140 SW CHAPMAN WAY # 408	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLING, KURT		NAME	EXNER, VIRGIL	
STREET ADDRESS	1140 SW CHAPMAN WAY #401		STREET ADDRESS	1140 SW CHAPMAN WAY # 406	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PALM CITY, FL 34990	
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, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>2-09-06</b> (772) 286-7440 <small>Date Office Phone #</small>		