2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

JAN 2 3 REC'D

FILED

09 FEB -9 AM 11: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600143191686
02/09/09--01058--009 **122.50

DOCUMENT # N26078

1. Entity Name
THE ADMIRALTY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1304 SW BAYSHORE BLVD~~ ~~PORT SAINT LUCIE, FL 34983~~	~~1304 SW BAYSHORE BLVD~~ ~~PORT SAINT LUCIE, FL 34983~~

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
430 NW LAKE WHITNEY PLACE	430 NW LAKE WHITNEY PLACE
City & State: PORT ST LUCIE FL	City & State: PORT ST LUCIE FL
Zip: 34986 Country: US	Zip: 34986 Country: US

4. FEI Number: 59-3060439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, LOUISE
1170 SW CHAPMAN WY # 109
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

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: Louise Foster LOUISE FOSTER 1-23-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	TD FOSTER, LOURSE 1170 SW CHAPMAN WY # 109 PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition (KRAEHENBUEHL)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD URICK, RONALD 1130 SW CHAPMAN WAY #507 PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSCAR KRAEHENBUEHL ☐ Change ☒ Addition 1170 SW CHAPMAN WAY #108 PALM CITY, FL 34990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZIELKE, ROGER 1140 SW CHAPMAN WAY #411 PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRASSICK, DIANE 1150 SW CHAPMAN WAY #301 PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$12/10 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN GHEE ☐ Change ☒ Addition 1140 SW CHAPMAN WAY #405 PALM CITY, FL 34990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louise Foster LOUISE FOSTER 1-23-09 (772) 286-7440
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOC. OFFICER OR DIRECTOR Date Daytime Phone #