

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF REVENUE, STATE
TREASURY DEPARTMENT
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **N29045** (4)

WATERSIDE AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.

RECEIVED
MAY 12 1995
STATE OF FLORIDA
TALLAHASSEE

Principal Office Address: **200 ADMIRAL'S COVE BLVD JUPITER FL 33477**
Mailing Address: **200 ADMIRAL'S COVE BLVD JUPITER FL 33477**

2. Mailing Address of Registered Office:
21. State: **FL** 26. Mailing Address:
22. City: **JUPITER** 27. State: **FL**
23. City: **JUPITER** 28. State: **FL**
24. City: **JUPITER** 25. State: **FL** 29. City: **JUPITER** 30. State: **FL**

DO NOT WRITE IN THIS SPACE

3. Date last reported (if available): **10/28/1988** 3a. Date of Last Report: **04/12/1994**

4. CI Number: **65-0122399** Applied For: Not Applicable:

5. Liability of status (current): **\$8.75 Additional Fee Required**

6. Exemption (Corporate Exemption): **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 197.01, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ADMIRALS COVE MGMT CO
200 ADMIRALS COVE BLVD
JUPITER FL 33477**

10. Name and Address of New Registered Agent:
81. Name:
82. Mailing Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of laws being reported herein and its liabilities.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. AUTHORITY TO REGISTER (SEE INSTRUCTIONS AND NOTICE OF FILING)	
NAME	SD DAVIDSON, LESTER J 172 EAGLE DR JUPITER FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
ADDRESS	PD DAVIS, SAM 242 EAGLE DR JUPITER FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	VPD OVEREND, WILLIAM C 184 EAGLE DR JUPITER FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
ADDRESS	ATD CLARKE, GALEY 152 EAGLE DR. JUPITER FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	TD LEVINE, WILLIAM C 150 EAGLE DR JUPITER FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not apply for the example as stated in Sections 197.01(1)(b), Florida Statutes. I further certify that the above information is filed as the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. If the information is false or if the corporation or the officer or director who prepared the report as required by Chapter 197, Florida Statutes, and that my name appears in Block 13 on Block 14 of this report is not the true name of the officer or director.

SIGNATURE: *Lester J. Davidson* 3/28/95 407-744-1700
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR OFFICER