

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29045 (4)
 1. Corporation Name
WATERSIDE AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **200 ADMIRAL'S COVE BLVD. JUPITER FL 33477**
 Mailing Address: **200 ADMIRAL'S COVE BLVD. JUPITER FL 33477**

3. Date Incorporated or Qualified: **10/28/1988**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0122399**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

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. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---------------------|
| TITLE | SD | 1.1 TITLE | |
| NAME | DAVIDSON, LESTER J | 1.2 NAME | |
| STREET ADDRESS | 172 EAGLE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | PD |
| NAME | DAVIS, GAN | 2.2 NAME | DR ARTHUR D. DRAZAN |
| STREET ADDRESS | 242 EAGLE DR | 2.3 STREET ADDRESS | 254 EAGLE DRIVE |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | JUPITER FL 33477 |
| TITLE | VPD | 3.1 TITLE | |
| NAME | OVEREND, WILLIAM C | 3.2 NAME | |
| STREET ADDRESS | 184 EAGLE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 3.4 CITY-ST-ZIP | |
| TITLE | ATD | 4.1 TITLE | |
| NAME | CLARKE, GALEY | 4.2 NAME | |
| STREET ADDRESS | 152 EAGLE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | |
| TITLE | TD | 5.1 TITLE | |
| NAME | LEVINE, WILLIAM C | 5.2 NAME | |
| STREET ADDRESS | 150 EAGLE DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur D. Drazan* 6/18/96 Date: **561 407-744-1700** Daytime Phone #

CR2E037 (3/96)