

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33477-4046
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3. Date Incorporated or Qualified 10/28/1988	3a. Date of Last Report 06/21/1996
4. FEI Number 65-0122399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, LESTER J	1.2 NAME	Kenneth S. Ganz
STREET ADDRESS	172 EAGLE DR	1.3 STREET ADDRESS	154 EAGLE DR
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL 33477
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DRAZAN, ARTHUR D DR	2.2 NAME	
STREET ADDRESS	254 EAGLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** **4/14/97** Date Daytime Phone # 0044567

CR2E037 (9/96)