

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29045 (4)**

1. Corporation Name  
**WATERSIDE AT ADMRAL'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
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3. Date Incorporated or Qualified <b>10/28/1988</b>	
4. FEI Number <b>65-0122399</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>GANZ, KENNETH S</b>	
STREET ADDRESS	<b>154 EAGLE DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRAZAN, ARTHUR D DR</b>	
STREET ADDRESS	<b>254 EAGLE DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>OVEREND, WILLIAM C</b>	
STREET ADDRESS	<b>184 EAGLE DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLARKE, GALEY</b>	
STREET ADDRESS	<b>152 EAGLE DR.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, WILLIAM C</b>	
STREET ADDRESS	<b>150 EAGLE DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROGER E. BEUTNER</b>
2.3 STREET ADDRESS	<b>216 EAGLE DRIVE</b>
2.4 CITY-ST-ZIP	<b>JUPITER FL 33477</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ATID</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VPID DONALD DAREN</b>
4.3 STREET ADDRESS	<b>264 EAGLE DRIVE</b>
4.4 CITY-ST-ZIP	<b>JUPITER, FL 33477</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TID</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth S. Ganz* **Kenneth S. Ganz** 5/25/98 561-744-1200

CR2E037 (10/97)