


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90110 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29045**

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
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480273-90110-30



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/28/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0122399
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADMIRALS COVE MGMT CO 200 ADMIRALS COVE BLVD JUPITER FL 33477		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD GANZ, KENNETH S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	154 EAGLE DR	1.2 NAME	
STREET ADDRESS	JUPITER FL	1.3 STREET ADDRESS	33477
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD BEUTNER, ROGER E.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	216 EAGLE DRIVE	2.2 NAME	
STREET ADDRESS	JUPITER FL 33477	2.3 STREET ADDRESS	33477
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ATD OVEREND, WILLIAM C	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	184 EAGLE DR	3.2 NAME	
STREET ADDRESS	JUPITER FL	3.3 STREET ADDRESS	33477
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD DAREN, DONALD D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	264 EAGLE DRIVE	4.2 NAME	
STREET ADDRESS	JUPITER FL 33477	4.3 STREET ADDRESS	33477
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD LEVINE, WILLIAM C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 EAGLE DR	5.2 NAME	
STREET ADDRESS	JUPITER FL	5.3 STREET ADDRESS	33477
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: William C Levine 4/28/99 (561)744-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)