

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-04-2006 90015 001 ***61.25
N31386

DOCUMENT # N31386 1. Entity Name NAUTICAL WAY AT ADMIRAL'S COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 400 TONEY PENNA DR JUPITER, FL 33458-5713		Mailing Address 400 TONEY PENNA DR JUPITER, FL 33458-5713			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0174012	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DICKSON MANAGEMENT, INC. 400 TONEY PENNA DR JUPITER, FL 33458				7. Name and Address of New Registered Agent Name JOHN R. MARKOV Street Address (P.O. Box Number is Not Acceptable) 400 TONEY PENNA DR City JUPITER FL 33458	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>JOHN R. MARKOV</u> <u>7/6/06</u> Signature, typed or printed name of registered agent and role if applicable (NOTE: Registered Agent's signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ISAACS, JED 121-4 NAUTICAL WAY JUPITER, FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANKEL, SUSAN 121-2 NAUTICAL WAY JUPITER, FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANKEL, JOE 121-2 NAUTICAL WAY JUPITER, FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	8/11
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.					
SIGNATURE: <u>[Signature]</u> <u>7/11/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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