## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 09, 2007 8:00 am Secretary of State

1.\Entity Nam	MENT # N31386 L WAY AT ADMIRAL'S CO ATION, INC.		04-09-2007	7 90068 003 ***	*61.25			
400 TONEY	e of Business PENNA DR 33458-5713	Mailing Address 400 TONEY PENNA DR JUPITER, FL 33458-5713		40053	40053774			
2074	lace of Business - No P.O. Box # W.TNWANTOWN RD.	3. Mailing Address 2074 W. TNOIANTOWN RD.						
Suite, Apt. #, etc. <b>SUITE Z</b>		Suite, Apt. #, etc. SUITE ZOO		02132007 CH	ng-NP	CR2E037 (12/06)		
SUPITER, FL		City & State  3 UPITER			2	<u> </u>	plied For t Applicable	
3345	B PALM BEACH	33458-	Country PALM BEACH	5 Certificate of St	atus Desired	- B .75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Re	gistered Agent		
	JOHN R Y PENNA DR FL 33458-5713		1 -	S (P.O., Box Number is 1	ARKOV Not Acceptable) ANTOW	W RD,		
			JUPIT	E 200	<u> </u>	FI Zip Cod	~a	
SIGNATURE	Signapho, typed or prigled name of registered ager	9. Election Car	E Registered Agent signature requirements and a second signature requirements are second signature.	uxed when reinstating) \$5.00 May Be		27/07 DATE ke check payable to		
40	Due by May 1, 2007	Trust Fund C		Added to Fees		a Department of St		
TITLE	OFFICERS AND D	Delete -	11.	ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTORS IN  Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ISAACS, JED 121-4 NAUTICAL WAY JUPITER, FL 33477	L.J UBBR -	NAME STREET ADDRESS CITY-ST-ZIP			C Griange	☐ Xualitus	
NAME STREET ADDRESS CITY-ST-ZIP	SD FRANKEL, SUSAN 121-2 NAUTICAL WAY JUPITER, FL 33477	☐ Deleie	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition	
INTLE NAME STREET ADDRESS CITY-S1-ZIP	P FRANKEL, JOE 121-2 NAUTICAL WAY JUPITER, FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addılion	
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition	
12. I hereby o	L. certify that the information supplied wit on this report or supplemental report	h this filing does not qualify for its true and accurate and that n	r the exemptions contain	ned in Chapter 119, Flor ne same legal effect as i	ida Statutes. I fu f made under oa	rther certify that the in th; that I am an officer	formation or director	