


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32217 (4)

1. Corporation Name
ADMIRAL'S COVE CLUBHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 200 ADMIRAL'S COVE BOULEVARD JUPITER FL 33477	Mailing Address 200 ADMIRAL'S COVE BOULEVARD JUPITER FL 33477
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/10/1989
4. FEI Number 65-0121077
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
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

9. Name and Address of Current Registered Agent

**HYMAN, SHERRY LEFKOWI
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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRAL'S COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAKRANSKY, JACK	
STREET ADDRESS	200 ADMIRAL'S COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHEEHAN, RICHARD	
STREET ADDRESS	200 ADMIRAL'S COVE BLVD.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Nordin, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	200 Admirals Cove Blvd.	
1.3 STREET ADDRESS	Jupiter, FL 33477	
1.4 CITY-ST-ZIP	Director	
2.1 TITLE	Drazan, Art	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	200 Admirals Cove Blvd.	
2.3 STREET ADDRESS	Jupiter, FL 33477	
2.4 CITY-ST-ZIP	Director	
3.1 TITLE	Hal Becker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	200 Admirals Cove Blvd.	
3.3 STREET ADDRESS	Jupiter, FL 33477	
3.4 CITY-ST-ZIP	Director	
4.1 TITLE	Lloyd Hochberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	200 Admirals Cove Blvd.	
4.3 STREET ADDRESS	Jupiter, FL 33477	
4.4 CITY-ST-ZIP	Director	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fink, Gail	
5.3 STREET ADDRESS	200 Admirals Cove Blvd.	
5.4 CITY-ST-ZIP	Jupiter, FL 33477	
6.1 TITLE	Frankel, Benjamin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	200 Admirals Cove Blvd.	
6.3 STREET ADDRESS	Jupiter, FL 33477	
6.4 CITY-ST-ZIP	Director	

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: *[Signature]* Jack Makransky, President, 561-744-1700, 3/10/98

CR2E037 (10/97)