

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37831

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ADMIRAL'S BAY ASSOCIATION, INC.

## Current Principal Place of Business:

22652 ISLAND PINES WAY  
FT MYERS BCH, FL 33931 US

## New Principal Place of Business:

## Current Mailing Address:

C/O WALKER PROPERT MGMT, LLC  
315 DONORA BLVD  
FORT MYERS BEACH, FL 33931 US

## New Mailing Address:

FEI Number: 59-3018505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, SHERRY  
WALKER PROPERTY MANAGEMENT LLC  
315 DONORA BLVD  
FORT MYERS BEACH, FL 33931 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KARDA, WILLIAM  
Address: 1487 BRENTANO BLVD  
City-St-Zip: MISSISSAUGA, ON

Title: T ( ) Delete  
Name: MCKINNON, WILLIAM  
Address: 416 SHADOW LANE  
City-St-Zip: STATE COLLEGE, PA 16803

Title: VP ( ) Delete  
Name: FITZSIMONS, PATRICK  
Address: 21781 SHAWASSEE DRIVE  
City-St-Zip: CASSOPOLIS, MI 49031

Title: D ( ) Delete  
Name: CECILLE, JAMES  
Address: 511 RIDGE CIR  
City-St-Zip: STREAMWOOD, IL 60107

Title: S (X) Delete  
Name: FERGUSON, BILL  
Address: 1005 W MINISTER RD  
City-St-Zip: JOLIET, IL 60435

Title: D (X) Delete  
Name: JOHNSON, JACK  
Address: 765 RIDGEWAY ROAD  
City-St-Zip: STANFORD, KY 40484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FERGUSON, BILL  
Address: 1005 W MINISTER RD  
City-St-Zip: JOLIET, IL 60435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL KARDA

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date