

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37831

FILED  
Mar 28, 2011  
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  
Name: KARDA, WILLIAM  
Address: 1487 BRENTANO BLVD  
City-St-Zip: MISSISSAUGA, ON

Title: T  
Name: FISCHER, BILL  
Address: 20265 DARLINGTON DR  
City-St-Zip: MONNTGOMERY VILLAGE, MD 20886

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

Title: S  
Name: FERGUSON, BILL  
Address: 1005 W MINSTER RD  
City-St-Zip: JOLIET, IL 60435

Title: D  
Name: KOPPS, CARL  
Address: 140 BAY MAR DR  
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby 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 all other like empowered.

SIGNATURE: BILL FISHER

TREA

03/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date