


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 036 ****61.25

DOCUMENT # N92000000185					
1. Entity Name ADMIRAL'S POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3160 MATECUBE KEY RD PUNTA GORDA, FL 33955 US			Mailing Address P O BOX 511551 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6025 Taylor Road Suite 2			
City & State City: Zip: Country:		City & State Punta Gorda, FL Zip: 33950 Country:		4. FEI Number 65-0389060	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STAR HOSPITALITY MANAGEMENT 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: State: Zip Code:		
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 _____ (NOTE: Registered Agent signature required when reconstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$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: VPD NAME: HANS RENTSCH STREET ADDRESS: 5090 KEY LARGO CIR CITY- ST- ZIP: PUNTA GORDA, FL	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD NAME: HINCH, JIM STREET ADDRESS: 5051 KEY LARGO CIRCLE CITY- ST- ZIP: PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: DRUMMOND, CHARLES STREET ADDRESS: 5061 SABLE KEY CIRCLE CITY- ST- ZIP: PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: ULRICH, DON STREET ADDRESS: 5061 KEY LARGO CIRCLE CITY- ST- ZIP: PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: DEBOEF, GENE R STREET ADDRESS: 5020 SABLE KAY CIR #11 CITY- ST- ZIP: PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <i>James E. Hinch</i>			Date: 1/16/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 941-833 6329		