2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90026 036 ****61.25

☐ Change

☐ Addition

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DOCUMENT	Γ# N93000005689
DOCUMENT	1 # 1433000000000

1. Entity Name
ADMIRAL'S POINT II/SAILFISH PASS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business 100 MADRID BLVD STE 311 PUNTA GORDA, FL 33950

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address
6025 TAYLOR RD #2
PLINTA CORDA FL 33956

PUNTA GORDA, FL 33950		PUNTA GORDA, FL	PUNTA GORDA, FL 33950		40	000000			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			01102007	Chg-NP	CR2E0	37 (12/06)	
City & Star	te	City & State			4. FEI Number			A	oplied For
					59-3294	475		No	ot Applicable
Zip	Country	Zip	Cou	untry	5. Certificate o	f Status Desired		\$8.75 Add	
	6. Name and Address of Currer	nt Registered Agent	-	T	7. Name and A	Address of New	Registered .		
CTABUO	DITALITY MANAGEMENT			Name	· · · · · · · · · · · · · · · · · · ·	<u>-</u>			
_	PITALITY MANAGEMENT LOR RD STE 2			Street A	ddress (P.O. Box Number	is Not Acceptab	ole)		
BONITA S	SPRINGS, FL 34134								
				City				Zip Cod	<u> </u>
				0,			FL	• 2.000	•
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25	9. Election	Campaign F	inancing	\$5.00 May Be	· •	Make check		
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	9. Election Trust Fu	Campaign Find Contributi	inancing	\$5.00 May Be Added to Fees	Flo	Make checi orida Depar	tment of S	tate
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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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

THILE

NAME

Defete

SIGNATURE:	SIGNATURE AND TYPET OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/30/07	Daytime Phone #	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	