

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005689

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

6025 TAYLOR ROAD, STE. 2
PUNTA GORDA, FL 33950

New Principal Place of Business:

3000 BIG PASS LANE
PUNTA GORDA, FL 33950

Current Mailing Address:

6025 TAYLOR RD #2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 59-3294475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOPITALITY MANAGEMENT
6025 TAYLOR RD STE 2
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

STAR HOPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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: _____

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FACH, WILLIAM
Address: 3045 BIG PASS LANE
City-St-Zip: PUNTA GORDA, FL 33955

Title: S/T () Delete
Name: WALTER, RICHARD
Address: 3001 BIG PASS LANE
City-St-Zip: PUNTA GORDA, FL 33955

Title: P () Delete
Name: HARWELL, O'DANIEL
Address: 3091 BIG PASS LANE
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FUCHS, WILLIAM
Address: 3045 BIG PASS LANE
City-St-Zip: PUNTA GORDA, FL 33955

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

Title: P (X) Change () Addition
Name: HARWELL, O. D
Address: 3091 BIG PASS LANE
City-St-Zip: PUNTA GORDA, FL 33955

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: O.D. HARWELL

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date