

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003699

FILED
Mar 16, 2005
Secretary of State

Entity Name: ADMIRAL POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3357728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: SMITH, GARY
Address: 922 KEATON PKWY
City-St-Zip: OCOEE, FL 34761

Title: VPD () Delete
Name: WRIGHT, LAURA
Address: 887 CHAUNCEY CT
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: CASTILLO, JOHN M
Address: 1043 COASTAL CIR
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: GIBBONS, ANITA
Address: 796 LANCER CIR
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: TOWNSEND, CHRIS
Address: 1075 COASTAL CIR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: COVEY, DONALD
Address: 889 KEATON PKWY
City-St-Zip: OCOEE, FL 34761

Title: SD (X) Change () Addition
Name: GIBBONS, MARK
Address: 796 LANCER CIR
City-St-Zip: OCOEE, FL 34761

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY SMITH

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date