

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90019 037 ****61.25

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1. Corporation Name

CONCERNED RESIDENTS OF ADMIRALS COVE, INC.

Principal Place of Business

C/O GREGORY S. KINO, ESQ.
515 NORTH FLAGLER DRIVE 17TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address

C/O GREGORY S. KINO, ESQ.
515 NORTH FLAGLER DRIVE 17TH FLOOR
WEST PALM BEACH FL 33401



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified
01/28/1997

4. FEI Number
65-0742653

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KINO, GREGORY S ESQ.
515 NORTH FLAGLER DRIVE
17TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURNS, JOHN
STREET ADDRESS 112 NORTH VILLAGE WAY
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

TITLE VPD
NAME RECCHIA, ANTHONY
STREET ADDRESS 178 GOLF VILLAGE BLVD.
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

TITLE STD
NAME REITER, JERRY
STREET ADDRESS 180 GOLF VILLAGE BLVD.
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

TITLE D
NAME GROSS, JERRY
STREET ADDRESS 186 GOLF VILLAGE BLVD.
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

TITLE D
NAME ISAACSON, MARSHALL
STREET ADDRESS 118 WEST VILLAGE WAY
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry Reiter* SIGNATURE REQUIRED JERRY REITER

5-1-99

561-745-227V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)