2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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DATE

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1. Entity Name
ADMIRALTY WATERFRONT RESIDENCES, INC.

Principal Place of Business
631 US HWY 1
SUITE 406
NORTH PALM BEACH, FL 33408

Mailing Address
631 US HWY 1
SUITE 406
NORTH PALM BEACH, FL 33408

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4. FEI Number
36-4523939
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR
631 US HWY 1
SUITE 406
NORTH PALM BEACH, FL 33408

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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
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACKEY, WALTER J JR
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	ST
NAME	WILLIAMS, EDWARD S
STREET ADDRESS	6080 TERRA ROSA CIR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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 607, 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.

SIGNATURE: Edward S Williams EDWARD S WILLIAMS Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/24/06 Daytime Phone #