

FILED

Apr 25, 2006 08:00 AM

CO# _____ CL# _____ SUB ACCT _____ AMOUNT _____
Secretary of State

ADMIRALTY WATERFRONT RESIDENCES, INC.

Mailing Address

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

APPROVAL

TOTAL 150.00
DATE _____

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves assigning tasks to team members, setting deadlines, and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes with the objectives and goals to determine the effectiveness of the project and identify areas for improvement.

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4523939

Applied For
No! Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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: registered agent and title if applicable

NOTE: Registered Agent signature required when reinstalling.

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date / 11/27/01 Daytime Phone #