


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90026 039 \*\*\*\*61.25

<b>DOCUMENT # 725204</b>			
1. Entity Name <b>STAR LAKE NORTH NAUTILUS ASSOCIATION, INC.</b>			
Principal Place of Business 19255 N.E. 2ND AVENUE MIAMI, FL 33179 US		Mailing Address 220-71 STREET SUITE 207 MIAMI BEACH, FL 33141 US	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 415342</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI BEACH, FL</b>	
Zip	Country	Zip	Country
<b>33141</b>		<b>33141</b>	<b>USA</b>
4. FEI Number <b>59-1477794</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THE WALL MANAGEMENT CORP</b> 220-71 STREET SUITE 207 MIAMI BEACH, FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> <span style="float: right;">DATE _____</span>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, DOLORES</b>	NAME	
STREET ADDRESS	<b>19255 N.E. 2ND AVE #2219</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERDES, JEAN W</b>	NAME	<b>OMIER, BERRIL</b>
STREET ADDRESS	<b>19255 NE 2ND AVE #2210</b>	STREET ADDRESS	<b>15126 W. DIXIE HWY</b>
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33162</b>
TITLE	T <input type="checkbox"/> Delete	TITLE	
NAME	<b>WHITELEY, EDWARD</b>	NAME	
STREET ADDRESS	<b>19255 NE 2ND AVE, #2209</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, SELINA S</b>	NAME	<b>JORDAN, SELINA S.</b>
STREET ADDRESS	<b>19255 NE 2ND AVE, # 2211</b>	STREET ADDRESS	<b>19255 NE 2ND AVE # 2211</b>
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	CITY-ST-ZIP	<b>MIAMI, FL 33179</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORALES, PABLO</b>	NAME	<b>SMITH, CAROL</b>
STREET ADDRESS	<b>19255 NE 2ND AVE, # 2211</b>	STREET ADDRESS	<b>19255 NE 2ND AVE # 2225</b>
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	CITY-ST-ZIP	<b>MIAMI, FL 33179</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAMASCO, LYDIA</b>	NAME	<b>DAMASCO, LYDIA</b>
STREET ADDRESS	<b>19255 NE 2ND AVE, # 2211</b>	STREET ADDRESS	<b>19720 N.E. MIAMI COURT</b>
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	CITY-ST-ZIP	<b>MIAMI, FL 33179</b>
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 617, 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: <i>Dolores Cruz</i>		<b>4/5/2006</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	