

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90189 019 *****61.25

0089606

DOCUMENT # **725204**

1. Entity Name

STAR LAKE NORTH NAUTILUS ASSOCIATION, INC.



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**

11015031



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1477794**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE WALL MANAGEMENT CORP
220-71 STREET
SUITE 207
MIAMI BEACH FL 33141**

Name

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

City

FL

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 ORLANDO DE LEI PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE 4-15-03

FILE NOW: FEE IS **\$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **CRUZ, DOLORES DOLORES**
STREET ADDRESS **19255 N.E. 2ND AVE #2219**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **GERDES, JEAN W**
STREET ADDRESS **19255 NE 2ND AVE #2210**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DSTD** Delete
NAME **BACON, SASHA A**
STREET ADDRESS **19255 NE 2ND AVENUE, #2222**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **DSTD** Change Addition
NAME **EDWARD WHITELEY**
STREET ADDRESS **19255 NE 2ND AVE # 2209**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: X DOLORES DOLORES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/23/2003 DAYTIME PHONE # 305/655-0187

CR2E037 (10/02)