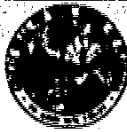


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727940 (9)

1. Corporation Name

NATURA CONDOMINIUM NO. 2 ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1973

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1825538

Applied For

Not Applicable

Principal Place of Business

600 S.W. NATURA AVE.
DEERFIELD BCH FL 33441

Mailing Address

600 S.W. NATURA AVE.
DEERFIELD BCH FL 33441

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DELNEGRI, CONNIE
3508 SW NATURA BLVD #102
DEERFIELD BCH. FL 33441

10. Name and Address of New Registered Agent

81 Name

Leo Kass

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

2004 A SW Natura Blvd.

83

84 City

Deerfield Beach

FL

85 Zip Code

33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Leo Kass

Leo Kass

April 11, 1995

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	CARDILLO, DOLORES	3500 SW NATURA BLVD.	DEERFIELD BEACH FL
PD	STIGLIANO, DANIEL	3500 SW NATURA BLVD	DEERFIELD BCH, FL 00000
VD	MEISNER, SHIRLEY	3500 SW NATURA BLVD.	DEERFIELD BCH. FL
SD	DIGREGORIO, MARJORIE	3500 SW NATURA BLVD	DEERFIELD BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
TD	CYR, ROSE	3500 SW NATURA BLVD	Deerfield Bch. FL. 33441	☒	☐
PD	CHA3SE, MARY	3500 SW Natura Blvd.	DEERFIELD BCH. FL	☒	☐
VD	ANGRAMI, GEORGE	3500 NATURA BLVD	DEERFIELD BCH., FL	☒	☐
SD	CARDILLO, DOLORES	3500 SW Natura Blvd.	Deerfield Bch. Fl.	☒	☐
D	PEPPAS, MARINO	3500 SW Natura Blvd.	Deerfield Bch. Fl.	☐	☒
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Rose M. Cyr

Rose M. Cyr

April 13, 1995

305-421-6586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #