FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

Principal Place of Business	Mailing Address
600 S.W. NATURA AVE. DEERFIELD BCH FL 33441	600 S.W. NATURA AVE. DEERFIELD BCH FL 33441

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

91 Name: Leo Kass
92 Street Address (P.O. Box Number is Not Acceptable): 2004 A SW Natura Blvd.
93
94 City: Deerfield Beach FL 95 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	CARDILLO, DOLORES	1.2 NAME	CYR, ROSE	
STREET ADDRESS	3500 SW NATURA BLVD.	1.3 STREET ADDRESS	3500 SW NATURA BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Deerfield Bch. FL. 33441	
TITLE	PD	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	STIGLIANO, DANIEL	2.2 NAME	CHASSE, MARY	
STREET ADDRESS	3500 SW NATURA BLVD	2.3 STREET ADDRESS	3500 SW Natura Blvd.	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	2.4 CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	VD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	MEISNER, SHIRLEY	3.2 NAME	ANGERAMI, GEORGE	
STREET ADDRESS	3500 SW NATURA BLVD.	3.3 STREET ADDRESS	3500 NATURA BLVD	
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP	DEERFIELD BCH.,FL	
TITLE	SD	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	DIGREGORIO, MARJORIE	4.2 NAME	CARDILLO, DOLORES	
STREET ADDRESS	3500 SW NATURA BLVD	4.3 STREET ADDRESS	3500 SW Natura Blvd.	
CITY-ST-ZIP	DEERFIELD BCH FL	4.4 CITY-ST-ZIP	Deerfield Bch. Fl.	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	PEPPAS, MARINO	
STREET ADDRESS		5.3 STREET ADDRESS	3500 SW Natura Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deerfield Bch. Fl.	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

AA 4/17

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 — Daytime Phone #