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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730839 (8)
1. Corporation Name
**NAUTILUS OF HOLLYWOOD CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business 1500 SOUTH SURF ROAD #18 HOLLYWOOD BEACH FL 33019-2373	Mailing Address 1500 SOUTH SURF ROAD #18 HOLLYWOOD BEACH FL 33019-2373
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3. Date Incorporated or Qualified 09/26/1974	3a. Date of Last Report 03/26/1996
4. FEI Number 59-1756620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
25	30

9. Name and Address of Current Registered Agent
**KAPLAN, DOUGLAS C.
2435 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GROWICK, HARRIET	
STREET ADDRESS	1500 S SURF RD	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KANNER, JEANNE	
STREET ADDRESS	2903 N. 34TH TR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODOY, GUS	
STREET ADDRESS	137411 SW 71 LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAZIANO, MARIE	
STREET ADDRESS	332 74 STREET	
CITY-ST-ZIP	NORTH BERGAN NJ 07047	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, LIZ	
STREET ADDRESS	1500 SOUTH SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019-2373	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey Hessler	
1.3 STREET ADDRESS	1500 S. Surf Road #1	
1.4 CITY-ST-ZIP	Hollywood, FL 33019	
2.1 TITLE	VICE President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Katia Grumberg	
2.3 STREET ADDRESS	1500 S. Surf Road, #17	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
3.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gus Godoy	
3.3 STREET ADDRESS	137411 SW 71 Lane	
3.4 CITY-ST-ZIP	miami, FL 33183	
4.1 TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rosalyn Benjet	
4.3 STREET ADDRESS	1500 S. Surf Road, #11	
4.4 CITY-ST-ZIP	Hollywood, FL 33019	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: **Gus Godoy**  Date: **3/19/97** (265) 286-2157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0023435

CR2E037 (9/96)