

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1500 SOUTH SURF ROAD #18 HOLLYWOOD BEACH FL 33019-2373</b>	Mailing Address <b>1500 SOUTH SURF ROAD #18 HOLLYWOOD BEACH FL 33019-2373</b>
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3. Date Incorporated or Qualified <b>09/26/1974</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>59-1756620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Treasurer, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jeffrey Hessler</b>	
1.3 STREET ADDRESS	<b>1500 S. Surf Road #1</b>	
1.4 CITY-ST-ZIP	<b>Hollywood, FL 33019</b>	
2.1 TITLE	<b>VICE President, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Katia Grumberg</b>	
2.3 STREET ADDRESS	<b>1500 S. Surf Road, #17</b>	
2.4 CITY-ST-ZIP	<b>Hollywood, FL 33019</b>	
3.1 TITLE	<b>President, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gus Godoy</b>	
3.3 STREET ADDRESS	<b>137411 SW 71 Lane</b>	
3.4 CITY-ST-ZIP	<b>miami, FL 33183</b>	
4.1 TITLE	<b>Secretary, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Rosalyn Benjet</b>	
4.3 STREET ADDRESS	<b>1500 S. Surf Road, #11</b>	
4.4 CITY-ST-ZIP	<b>Hollywood, FL 33019</b>	
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** (205) 286-2157 Daytime Prefix # 0023435

CR2E037 (9/96)