

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90225 027 ****61.25

DOCUMENT # 730839

1. Entity Name

NAUTILUS OF HOLLYWOOD CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT
 1189 SAWGRASS CORP. PKWY
 SUNRISE FL 33323
 US

C/O MIAMI MANAGEMENT
 1189 SAWGRASS CORP. PKWY
 SUNRISE FL 33323-2847
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1756620

Applied For

Not Applicable

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

KAPLAN, DOUGLAS C.
2435 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **HESSLER, JEFFREY**
 STREET ADDRESS **1500 S SURF ROAD #1**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** Change Addition
 NAME **Carolyn Leto**
 STREET ADDRESS **1500 S. SURF RD #1**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** Delete
 NAME **GROWICK, HARRIET**
 STREET ADDRESS **1500 S. SURF RD**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **GODOY, GUS**
 STREET ADDRESS **137411 SW 71 LANE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BENJET, ROSALYN**
 STREET ADDRESS **1500 S SURF ROAD #11**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** Change Addition
 NAME **MANNY RODRIGUEZ**
 STREET ADDRESS **1500 SO SURF RD #1**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** Delete
 NAME **PENA, JOSEPH**
 STREET ADDRESS **1500 S SURF RD STE 11**
 CITY-ST-ZIP **HOLLYWOOD FL**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 017 11/99/01