

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90048 017 ****61.25

DOCUMENT # 730839

1. Entity Name

NAUTILUS OF HOLLYWOOD CONDOMINIUM ASSOCIATION, I

915384



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O MIAMI MANAGEMENT 1189 SAWGRASS CORP. PKWY SUNRISE FL 33323 US	Mailing Address C/O MIAMI MANAGEMENT 1189 SAWGRASS CORP. PKWY SUNRISE FL 33323 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>14275 So. 142 Ave.</i> Suite, Apt. #, etc.
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City & State <i>Miami, FL</i>	4. FEI Number 59-1756620	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33186</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LEFO, CAROLYN
STREET ADDRESS	1500 S SURF RD #1
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	GROWICK, HARRIET
STREET ADDRESS	1500 S. SURF RD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	PD <input type="checkbox"/> Delete
NAME	GODOY, GUS
STREET ADDRESS	137411 SW 71 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ, MANNY
STREET ADDRESS	1500 SO SURF RD #1
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	PENA, JOSEPH
STREET ADDRESS	1500 S SURF RD STE 11
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **1/20/01** **(305) 324-3179**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)