


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90272 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # 743942																																																																																																																																									
1. Corporation Name NAUTILUS CONDOMINIUM, INC.																																																																																																																																									
Principal Place of Business PO BOX 1944 MARCO ISLD FL 33937 US			Mailing Address PO BOX 1944 MARCO ISLD FL 33937 US																																																																																																																																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/11/1978 4. FEI Number 59-1921611 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. Name and Address of Current Registered Agent MYRS, LLOYD 848 COLLIER CT SUITE 202 MARCO ISLAND FL 33937			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																						
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 <i>Joseph Trotzig</i> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MYERS, LLOYD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>848 COLLIER CT, #202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARCO ISLAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FRIESS, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>848 COLLIER COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARCO ISLD FL 33937</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GREENHOLT, WALTER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>848 COLLIER CT, #303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARCO ISLD FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	MYERS, LLOYD		STREET ADDRESS	848 COLLIER CT, #202		CITY-ST-ZIP	MARCO ISLAND FL		TITLE	STD	<input checked="" type="checkbox"/> DELETE	NAME	FRIESS, GEORGE		STREET ADDRESS	848 COLLIER COURT		CITY-ST-ZIP	MARCO ISLD FL 33937		TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	GREENHOLT, WALTER		STREET ADDRESS	848 COLLIER CT, #303		CITY-ST-ZIP	MARCO ISLD FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>President</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>Joe Trotzig</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>848 Collier Ct #205</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>VP</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>Tom Campan</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>754 N. Bays Drive</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>ST</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>3475 Highland Lakes Dr.</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>Green Bay, WI 54311-7345</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	President		1.3 STREET ADDRESS	Joe Trotzig		1.4 CITY-ST-ZIP	848 Collier Ct #205		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	VP		2.3 STREET ADDRESS	Tom Campan		2.4 CITY-ST-ZIP	754 N. Bays Drive		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	ST		3.3 STREET ADDRESS	3475 Highland Lakes Dr.		3.4 CITY-ST-ZIP	Green Bay, WI 54311-7345		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			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		
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14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Daytime Phone #

CR2E037 (1/1/99)