

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752616 (3)
1. Corporation Name
NAUTICO BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**6937 BAY DR.
MIAMI BEACH FL 33141
US** **6937 BAY DR.
MIAMI BEACH FL 33141
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/23/1980** 3a. Date of Last Report **07/15/1994**
4. FEI Number **59-2248240** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MOTOLA, ISAAC
6937 BAY DR., #210
MIAMI BEACH FL 33141**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Isaac Motola (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MOTOLA, ISAAC
STREET ADDRESS	6937 BAY DR. 210
CITY - ST - ZIP	MIAMI BEACH FL 33141
TITLE	DVP
NAME	OSIN, ALBERT
STREET ADDRESS	6937 BAY DR. #412
CITY - ST - ZIP	MIAMI BCH FL
TITLE	SD
NAME	AMNUNTTI, CARLOS
STREET ADDRESS	6937 BAY DR #504
CITY - ST - ZIP	MIAMI BCH FL 33141
TITLE	TD
NAME	DOMINQUEZ, GERRY
STREET ADDRESS	6937 BAY DR #205
CITY - ST - ZIP	MIAMI BCH FL 33141
TITLE	D
NAME	NEWMAN, LINDA
STREET ADDRESS	6937 BAY DR #311
CITY - ST - ZIP	MIAMI BCH FL 33141
TITLE	D
NAME	LERVOFF, LORRYNE
STREET ADDRESS	6937 BAY DR #505
CITY - ST - ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDA NEWMAN
2.3 STREET ADDRESS	6937 BAY DR APT 311
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33141
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANA RAMMAR
3.3 STREET ADDRESS	6937 BAY DR. APT 302
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MOISES MITION TD
4.3 STREET ADDRESS	6937 BAY DR
4.4 CITY - ST - ZIP	MIAMI BEACH FL 33141
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARLO AMNUNTTI D
5.3 STREET ADDRESS	6937 BAY DR APT 504
5.4 CITY - ST - ZIP	MIAMI BEACH FL 33141
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Isaac Motola 4/12/95 864-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

752666

D

Fanny Faro

6937 Bay DR 201

Miami Beach Fla 33141

D

Albert OSN 4/12

Miami Beach Fla

Miami Beach Fla 33141