

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 022 ****61.25

DOCUMENT # N01000001998

1. Entity Name

NAUTICA ISLES HOMEOWNERS-ASSOCIATION, INC.

Principal Place of Business,

Mailing Address

1401 University Drive
 STE 200
 CORAL SPRINGS, FL 33071

2. Principal Place of Business

40 G. R. S. Management Assoc.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3900 Woodlake Blvd STE 201

DO NOT WRITE IN THIS SPACE

City & State

City & State

LAKE WORTH FL

4. FEI Number

105-1089758

Applied For

Not Applicable

Zip

Country

Zip

Country

33463

US

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

COSTELLO, Richard A
 1401 University Dr. STE 200
 CORAL SPRINGS, FL 33071

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

After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	Mergler, Jill	
STREET ADDRESS	1401 University Dr. STE 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DePlaza, MARIE	
STREET ADDRESS	1401 University Dr. STE 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Costello, Richard	
STREET ADDRESS	1401 University Dr. STE 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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:

JILL MERGLER

4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)