


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90036 020 \*\*\*\*61.25

**DOCUMENT # N01000001998**


1. Entity Name  
**NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O GRS MGMT. ASSOC.          3900 WOODLAKE BLVD. STE 201          LAKE WORTH, FL 33463</b>	Mailing Address <b>C/O GRS MGMT. ASSOC.          3900 WOODLAKE BLVD. STE 201          LAKE WORTH, FL 33463</b>
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33000166



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1089758</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTELLO, RICHARD A  
 4875 NORTH FEDERAL HWY 7TH FLOOR  
 FORT LAUDERDALE, FL 33308**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

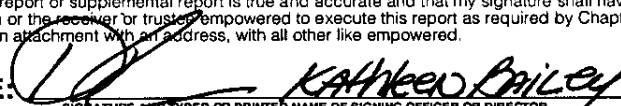
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10: OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERGLER, JILL 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 330716039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPLAZA, MARCIE 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 330716039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COSTELLO, RICHARD A 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 330716039
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Kathleen Bailey** Date: **2/27/04** Daytime Phone #: **561 642-2900**