

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

FILED

04 JUL 20 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001998
1. Entity Name
NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
C/O GRS MGMT. ASSOC.
3900 WOODLAKE BLVD. STE 201
LAKE WORTH, FL 33463

Mailing Address
C/O GRS MGMT. ASSOC.
3900 WOODLAKE BLVD. STE 201
LAKE WORTH, FL 33463

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

06282004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1089758

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COSTELLO, RICHARD A
4875 NORTH FEDERAL HWY 7TH FLOOR
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
Name Stein, Rosenberg : Stein
Street Address (P.O. Box Number is Not Acceptable)
4875 N. Fed Hwy
7th Floor
City Ft. Lauderdale FL Zip Code 33308

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 *[Signature]* Harold S. Bofshever, Esq. 7/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERGLER, JILL	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 330716039	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEPLAZA, MARCIE	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 330716039	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	COSTELLO, RICHARD A	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 330716039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Church, Sr., Raymond	
STREET ADDRESS	5116 Crescent Moon Dr.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loperfido, Robert	
STREET ADDRESS	5098 Bright Galaxy Ln	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schorr, Matthew	
STREET ADDRESS	5043 Nautica Lake Cir	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sinclair, Douglas	
STREET ADDRESS	5025 Nautica Lake Cir	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Slobodow, Michael	
STREET ADDRESS	5067 Northern Lights Dr.	
CITY-ST-ZIP	Greenacres, FL 33463	
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]* 6-30-04 56-907-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #