

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90258 048 ****61.25

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

50041994



2. Principal Place of Business

3. Mailing Address

GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1089758

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

STEIN, ROSENBERG & STEIN
 4875 NORTH FEDERAL HWY 7TH FLOOR
 FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

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

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 VPD Delete
 NAME CHURCH, SR., RAYMOND
 STREET ADDRESS 5116 CRESCENT MOON DR
 CITY-ST-ZIP GREENACRES, FL 33463

TITLE TD Delete
 NAME LOPERFIDO, ROBERT
 STREET ADDRESS 5098 BRIGHT GALAXY LN
 CITY-ST-ZIP GREENACRES, FL 33463

TITLE PDD Delete
 NAME SCHORR, MATTHEW A
 STREET ADDRESS 5043 NAUTICAL LAKE CIR
 CITY-ST-ZIP GREENACRES, FL 33463

TITLE D Delete
 NAME SINCLAIR, DOUGLAS
 STREET ADDRESS 5025 NAUTICAL LAKE CIR
 CITY-ST-ZIP GREENACRES, FL 33463

TITLE SD Delete
 NAME SLOBODOW, MICHAEL
 STREET ADDRESS 5067 NORTHERN LIGHTS DR
 CITY-ST-ZIP GREENACRES, FL 33463

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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: _____

Matthew Schorr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05
 Date

Daytime Phone #