


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90010 003 ****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**

2. Principal Place of Business
clo Advantage Property Mgt.
 Suite, Apt. #, etc.
1111 SE Federal Hwy, #100

3. Mailing Address
clo Advantage Property Mgt.
 Suite, Apt. #, etc.
1111 SE Federal Hwy, #100

City & State
Stuart, FL


City & State
Stuart, FL

Zip
34994

Country
USA

Zip
34994

Country
USA



03012006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

**BROUGH, CHADROW & LEVINE, P.A.
 1900 N COMMERCE PKWY
 WESTON, FL 33326**

4. FEI Number
65-1089758

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

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	TD	<input type="checkbox"/> Delete
NAME	LOPERFIDO, ROBERT	
STREET ADDRESS	5098 BRIGHT GALAXY LN	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	PDD	<input checked="" type="checkbox"/> Delete
NAME	SCHORR, MATTHEW A	
STREET ADDRESS	5043 NAUTICAL LAKE CIR	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, DOUGLAS	
STREET ADDRESS	5025 NAUTICAL LAKE CIR	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SLOBODOW, MICHAEL	
STREET ADDRESS	5067 NORTHERN LIGHTS DR	
CITY-ST-ZIP	GREENACRES, FL 33463	
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	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Rodger CARVER VP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5080 NAUTICAL LAKE CIR.	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK HASENWA	
STREET ADDRESS	5043 NAUTICAL LAKE CIR.	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle D. PRIMA	
STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: *Frank Hasenwa* **3/17/06** Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR