

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001998

FILED
Mar 17, 2009
Secretary of State

Entity Name: NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY. #100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

C/O ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY. #100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1089758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPERFIDO, ROBERT
Address: 5098 BRIGHT GALAXY LN
City-St-Zip: GREENACRES, FL 33463

Title: VPD () Delete
Name: CARVER, ROGER
Address: 5080 NAUTIE LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: TD () Delete
Name: BUCCHERE, ROBERT
Address: 5074 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: SD () Delete
Name: DIPRIMA, MICHELLE
Address: 5067 NORTHERN LIGHTS DR
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: SLOBODOW, MICHAEL
Address: 5067 NORTHERN LIGHTS DRIVE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DAVIS, WILLIAM
Address: 5072 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LOPERFIDO

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date