## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N01000001998

T FILED
Oct 31, 2011
Secretary of State

Entity Name: NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: VPD

Name: LOPERFIDO, ROBERT
Address: 5098 BRIGHT GALAXY LANE
City-St-Zip: GREENACRES, FL 33463

Title: PD

Name: BUCCHERE, ROBERT
Address: 5074 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACARES, FL 33463

Title: TD

Name: DAVIS, WILLIAM

Address: 5072 NAUTICA LAKE CIRCLE City-St-Zip: GREENACRES, FL 33463

Title: SD

Name: VALDIVIA, CLAUDIA
Address: 5031 STARBLAZE DRIVE
City-St-Zip: GREENACRES, FL 33463

Title:

Name: KUSKE, BETTINA

Address: 5160 AURORA LAKE CIRCLE City-St-Zip: GREENACRES, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BUCCHERE PRES 10/31/2011