

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90164 020 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1089758**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTELLO, RICHARD A
1401 UNIVERSITY DRIVE STE 200
CORAL SPRINGS FL 33071-6039**

Name

~~SEPP WENZEL~~ **A.A. Hardin S. Botsheuer**

Street Address (P.O. Box Number is Not Acceptable)

4875 North Federal Hwy 7th floor

City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/03

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	MERGLER, JILL	NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE 200	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	
NAME	DEPLAZA, MARCIE	NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE 200	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	TITLE	
NAME	COSTELLO, RICHARD A	NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE 200	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

213103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)