

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended 10/2

05 MAY 24 PM 12:53

FILE



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| DOCUMENT # N02000002681 | |  | |
| 1. Entity Name NAUTICA ISLES WEST HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD, STE 209 LAKE WORTH, FL 33463 | | Mailing Address GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD, STE 209 LAKE WORTH, FL 33463 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463 | | G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463 | |
| Zip | Country | Zip | Country |
| 4. FEI Number 04-3647449 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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, SUITE 200 CORAL SPRINGS, FL 33071-6039 | | Name Stein, Rosenberg, & Stein, P.A. 4875 N Federal Hwy 7th Floor Ft. Lauderdale, FL 33308 City 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: <i>Richard A. Costello</i> SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAILEY, KATHLEEN 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 330716039 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DEPLAZA, MARCIE 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 330716039 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST COSTELLO, RICHARD A 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 330716039 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| 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. | | 800055715698 06/03/05--01040--005 ***61.25 | |
| SIGNATURE: <i>Kenneth N. Gibson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 5/12/05 Daytime Phone # | |

2082

DOCUMENT NUMBER N02000002681 ; NAUTICA ISLES WEST HOA, INC.

ADD PD
GIBSON, KENNETH
5030 SABRELINE TERRACE
GREENACRES, FL 33463

ADD VPD
HERON, ARTHUR
5310 GRAND BANKS BLVD
GREENACRES, FL 33463

ADD TD
EIMER, HOWARD
5000 COBALT COURT
GREENACRES, FL 33463

ADD SD
DEL VALLE, ANGEL
5516 MAINSHIP DRIVE
GREENACRES, FL 33463

ADD D
HART, TERENCE
5503 ALBIN DRIVE
GREENACRES, FL 33463