

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 038 \*\*\*\*61.25

**DOCUMENT # N02000002681**

1. Entity Name  
**NAUTICA ISLES WEST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3900 WOODLAKE BLVD., STE 309  
LAKE WORTH, FL 33463**

Mailing Address  
**3900 WOODLAKE BLVD., STE 309  
LAKE WORTH, FL 33463**

**40075887**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP

CR2E037 (12/06)

4. FEI Number  
**04-3647449**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**JAY STEVEN LEVINE PA  
LEVINE AND BURR ATTORNEYS  
3300 PGA BLVD., STE 530  
PALM BEACH GARDENS, FL 33410**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	PD	Delete
NAME	GIBSON, KENNETH	
STREET ADDRESS	2030 SABRELINE TERRACE	
CITY- ST- ZIP	GREENACRES, FL 33463	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERON, ARTHUR	
STREET ADDRESS	5310 GRAND BANKS BLVD.	
CITY- ST- ZIP	GREENACRES, FL 33463	
TITLE	TD	Delete
NAME	EIMER, HOWARD	
STREET ADDRESS	5000 COBALT COURT	
CITY- ST- ZIP	GREENACRES, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEL VALLE, ANGEL	
STREET ADDRESS	5516 MAINSHIP DRIVE	
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	<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	
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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #