2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002681

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: NAUTICA ISLES WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3900 WOODLAKE BLVD., STE 309 5050 NAUTICA ISLES BLVD. LAKE WORTH, FL 33463 GREENACRES, FL 33463 **Current Mailing Address:** New Mailing Address: 3900 WOODLAKE BLVD., STE 309 PO BOX 540424 LAKE WORTH, FL 33463 LAKE WORTH, FL 33454 FEI Number: 04-3647449 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: JAY STEVEN LEVINE PA HERON, ARTHUR VP LEVINE AND BURR ATTORNEYS 5310 GRAND BANKS BLVD. 3300 PGA BLVD., STE 530 GREENACRES, FL 33463 US PALM BEACH GÁRDENS, FL 33410 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: ARTHUR HERON 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GIBSON, KENNETH EIMER, HOWARD Name: Name: 2030 SABRELINE TERRACE Address: 5000 COBALT COURT Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: GREENACRES, FL 33463 Title: VPD () Delete Title: () Change () Addition HERON, ARTHUR Name: Name: Address: 5310 GRAND BANKS BLVD. Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition EIMER, HOWARD BRIGITTE, YERO Name: Name: 5000 COBALT COURT Address: Address: 5521 ALBIN DRIVE City-St-Zip: GREENACRES, FL 33463 City-St-Zip: GREENACRES, FL 33463 Title: () Delete Title: SD () Change (X) Addition LEVENTHAL, SUZAN Name: Name: Address: Address: 5423 WELLCRAFT DRIVE City-St-Zip: City-St-Zip: GREENACRES, FL 33463 Title: () Delete Title: () Change (X) Addition PAOLO, FRACESCO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ARTHUR HERON VPD 04/30/2008

5411 SUNSEEKER BLVD

GREENACRES, FL 33463 US