

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO 2000002681

1. Entity Name

NAUTICA ISLES WEST HOA, INC.

Principal Place of Business

1401 University Dr. STE 200
CORAL SPRINGS, FL 33071

Mailing Address

C/o GRS Management Assoc, Inc.
3900 Woodlake Blvd STE 201
LAKE WORTH, FL 33463

FILED

03 MAY 28 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSTELLO, Richard
1401 University Dr. STE 200
CORAL SPRINGS, FL 33071

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE (PO)
NAME Margler, Jill
STREET ADDRESS 1401 University Dr. STE 200
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE (VPO)
NAME DePlaza, Marcie
STREET ADDRESS 1401 University Dr. STE 200
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE (STD)
NAME COSTELLO, Richard
STREET ADDRESS 1401 University Dr. STE 200
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500020540425
CITY-ST-ZIP 06/05/03--01015--021 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-21-03

561-641-8554

CR2E037 (5/01)