

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 29 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004190 1. Entity Name NAUTICA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5970 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140	Mailing Address 5970 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140
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2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04262005 Chg-NP CR2E037 (10/03)			
City & State	City & State	4. FEI Number 80-0110147			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, PEDRO A 1200 BRICKELL AVENUE, SUITE 1840 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD MARTIN, PEDRO A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054669884
NAME	1200 BRICKELL AVENUE, SUITE 1840	NAME	05/17/05--01035--011 **\$61.25
STREET ADDRESS	MIAMI, FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	Ralph Peruyera, VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMADRID, JORGE	NAME	1200 Brickell Avenue
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 1840	STREET ADDRESS	Suite 1800
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	Jenny Ortiz, STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, JULISSA	NAME	1200 Brickell Avenue
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 1840	STREET ADDRESS	Suite 1800
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #