


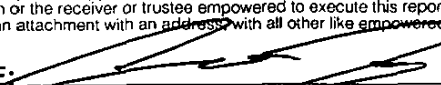
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90002 010 ****61.25

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DOCUMENT # N04000004190					
1. Entity Name NAUTICA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5970 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140			Mailing Address 5970 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>The Continental Group</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2950 North 28 Terr</i>			
City & State		City & State <i>Hollywood Florida</i>		4. FEI Number 80-0110167	
Zip		Zip <i>33020</i>		Country <i>U.S.A.</i>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, LEONOR 3000 NORTH 29TH TERRACE HOLLYWOOD, FL 33004			7. Name and Address of New Registered Agent Name <i>Elio De la Torre</i> Street Address (P.O. Box Number is Not Acceptable) <i>201 Alhambra Circle #1102</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>		
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 _____ (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. <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	P	<input checked="" type="checkbox"/> Delete	TITLE	P Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, MICHAEL		NAME	Christopher Quinn	
STREET ADDRESS	5970 INDIAN CREEK DR		STREET ADDRESS	5970 INDIAN CREEK DR PH3	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	Miami Beach FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Tres. Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERUYERA, RALPH		NAME	Jefferey Aronofsky	
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 1800		STREET ADDRESS	5970 Indian Creek Dr 407	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami Beach FL 33140	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, JENNY		NAME		
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 1800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSNE, MICHAEL		NAME		
STREET ADDRESS	5170 INDIAN CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURTULA, CHRISTINA		NAME		
STREET ADDRESS	5970 INDIAN CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		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 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: 			Date: <i>1/22/07</i> (305) 360 2475		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		