

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 APR 30 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001493 (4)

1. Corporation Name

NAUTICA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039

3. Date Incorporated or Qualified 03/29/1995	3a. Date of Last Report
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FANT, ALAN 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071				81. Name	GRANT, MARK		
				82. Street Address (P.O. Box Number is Not Acceptable)	c/o RUDEN, MCCLOSKEY		
				83. Street Address	200 E BROWARD BLVD		
				84. City	FT LAUDERDALE	85. Zip Code	FL 33302

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mark Grant* DATE: 4/29/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	600001201636	
NAME	COSTELLO, RICHARD A		1.2 NAME			-04/30/96--01092--014	
STREET ADDRESS	1401 UNIVERSITY DR. SUITE 200		1.3 STREET ADDRESS			*****61.25	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	FANT, ALAN		2.2 NAME				
STREET ADDRESS	1401 UNIVERSITY DR. SUITE 200		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTNOY, LAWRENCE		3.2 NAME				
STREET ADDRESS	1401 UNIVERSITY DR. SUITE 200		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME	ARKIN, GARY			
STREET ADDRESS			4.3 STREET ADDRESS	1401 UNIVERSITY DR SUITE 200			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Costello* DIRECTOR DATE: 4/25/96 (954) 753-1730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)