

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001493 (4)
1. Corporation Name
NAUTICA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-8908
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3. Date Incorporated or Qualified 03/29/1995	3a. Date of Last Report 04/30/1996
4. FEI Number -APPLIED FOR- 65-0640300	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GRANT, MARK
C/O MOLOSKY, RUDEN
200 E BROWARD BLVD
FT LAUDERDALE FL 33302**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSTELLO, RICHARD A	
STREET ADDRESS	1401 UNIVERSITY DR. SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	JD	<input checked="" type="checkbox"/> DELETE
NAME	FANT, ALAN	
STREET ADDRESS	1401 UNIVERSITY DR. SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	STB	<input checked="" type="checkbox"/> DELETE
NAME	PORTNOY, LAWRENCE	
STREET ADDRESS	1401 UNIVERSITY DR. SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARKIN, GARY	
STREET ADDRESS	1401 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STB JACK Schneider
3.3 STREET ADDRESS	8194 White Rock Circle
3.4 CITY-ST-ZIP	Boynton Beach, FL 33436
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P John Frankanfield
4.3 STREET ADDRESS	8190 White Rock Circle
4.4 CITY-ST-ZIP	Boynton Beach, FL 33436
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VB Fowler, Theresa
5.3 STREET ADDRESS	1401 University Dr. Suite 200
5.4 CITY-ST-ZIP	Coral Springs, FL 33071
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (9/96)