

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

4. FEI Number
 65-0640300

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 8000 BERMUDA SOUND WAY SUITE, APT. #, etc. NAUTICA HOA, INC
 22 90 PRIME MGT GROUP
 23 BOYNTON BCH FL City & State 28 6300 PARK OF COMMERCE BLVD
 24 33436 Zip 25 PALM BCH Country 29 BOCA RATON FL Zip 30 PALM BEACH Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent 33436

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

10. Name and Address of New Registered Agent

81 Name LARRY Z. GLICKMAN
 82 Street Address (P.O. Box Number is Not Acceptable) 40 SACHS, SAX & KLEIN, P.A.
 83 SUITE 4150 301 YAMATO RD
 84 City BOCA RATON FL 85 Zip Code 33431

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 *[Signature]* LARRY Z. GLICKMAN DATE 8/14/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, JACK
STREET ADDRESS	8194 WHITE ROCK CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FRANKENFIELD, JOHN
STREET ADDRESS	8190 WHITE ROCK CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FOWLER, THERESA
STREET ADDRESS	1401 UNIVERSITY DR., S TE. 200
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN LYNCH
1.3 STREET ADDRESS	8002 RED REEF LANE
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN FRANKENFIELD
2.3 STREET ADDRESS	8190 WHITE ROCK CIRCLE
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAUREEN CHABOT
3.3 STREET ADDRESS	8353 BERMUDA SOUND WAY
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRED ROZELMAN
4.3 STREET ADDRESS	8148 MYSTIC HARBOR CIRCLE
4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOLORES NELSON
5.3 STREET ADDRESS	8035 STIRLUP CAY COURT
5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De/Time Phone #

CR2E037 (5/98)