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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001493

1. Corporation Name
NAUTICA HOMEOWNERS ASSOCIATION, INC.

PRIME MANAGEMENT GROUP Mailing Address
 6300 PRK OF COMMERCE BLVD
 BOCA RATON FL 33487



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/29/1995
21. Suite, Apt. # PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD		4. FEI Number 65-0640300
22. City & State BOCA RATON FL 33487		Applied For Not Applicable
23. Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. 25 29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GLICKMAN, LARRY Z C/O SACHS, SAX & KLEIN PA STE 4150, 301 YAMATO RD BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name 82 STATE STREET, BOCA RATON, FL 33487 83 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 84 <i>leave as is</i>
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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 _____ DATE _____
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	LYNCH, JOHN 8002 RED REEF LANE BOYNTON BCH FL 33436	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	FRANKENFIELD, JOHN 8190 WHITE ROCK CIR BOYNTON BEACH FL 33436	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	CHABOT, MAUREEN 8353 BERMUDA SOUND WAY BOYNTON BCH FL 33436	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	ROZELMAN, FRED 8148 MYSTIC HARBOR CIR BOYNTON BCH FL 33436	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NELSON, DOLORES 8035 STIRRUP CAY COURT BOYNTON BCH FL 33436	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *John W. Frankenfield*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN W. FRANKENFIELD** 4/26/99 561.364
 Date: _____ Daytime Phone #: 9480

CR2E037 (11/98)