

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90487 016 ****61.25

DOCUMENT # N95000001493

1. Entity Name

NAUTICA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PRIME MGMT GROUP
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US**

**PRIME MGMT GROUP
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487-8229
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0640300

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLICKMAN, LARRY Z
 C/O SACHS, SAX & KLEIN PA
 STE 4150, 301 YAMATO RD
 BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD LYNCH, JOHN**
 STREET ADDRESS **8002 RED REEF LANE**
 CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD FRANKENFIELD, JOHN**
 STREET ADDRESS **8190 WHITE ROCK CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
 NAME **TD ETHELLS EDWARD**
 STREET ADDRESS **8164 Mystic Harbour Circle**
 CITY-ST-ZIP **Boynton Bch FL 33436**

TITLE Delete
 NAME **D PANIZZI, FRANK**
 STREET ADDRESS **8292 BERMUDA SOUNDWAY**
 CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE Change Addition
 NAME **D William Freeze**
 STREET ADDRESS **8179 White Rock Circle**
 CITY-ST-ZIP **Boynton Bch FL 33436**

TITLE Delete
 NAME **SD ROZELMAN, FRED**
 STREET ADDRESS **8148 MYSTIC HARBOR CIR**
 CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **RSD SILVERMAN, DEBRA**
 STREET ADDRESS **8296 BERMUDA SOUNDWAY**
 CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Edward E. Etchells
 EDWARD E. ETHELLS

5/7/00

561-374-8726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21037 (1/99)