

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90017 020 \*\*\*\*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  
 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

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

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8 FEB, 01**

Date Daytime Phone #

CR2E037 (10/00)