

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90149 021 \*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

5/1  
5

DOCUMENT # **N95000001493**  
 1. Entity Name  
**NAUTICA HOMEOWNERS ASSOC. INC.**

**DO NOT WRITE IN THIS SPACE**

95406

2. Principal Place of Business <b>PRIME MGMT GROUP</b> Suite, Apt. #, etc. <b>6300 PARK OF COMMERCE BLVD</b> City & State <b>BOCA RATON, FL</b> Zip <b>33487</b> Country <b>US</b>		3. Mailing Address <b>PRIME MGMT GROUP</b> Suite, Apt. #, etc. <b>6300 PARK OF COMMERCE BLVD</b> City & State <b>BOCA RATON, FL</b> Zip <b>33487</b> Country <b>US</b>	
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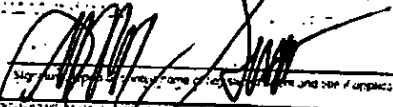
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0640300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent Name <b>MYRON SWATT</b> Street Address (P.O. Box Number is Not Acceptable) <b>PRIME MANAGEMENT GROUP INC.</b> <b>6300 PARK OF COMMERCE BLVD</b> City <b>BOCA RATON FL</b> Zip Code <b>FL 33487</b>	
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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 

5/29/02  
DATE

FEE IS \$61.25  
Initial or Amended UBR

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

Make Check Payable to  
Department of State

TITLE <b>PRES PD</b>	NAME <b>JOHN LYNCH</b>	STREET ADDRESS <b>8002 RED REEF LANE</b>	CITY- ST- ZIP <b>BOYNTON BCH, FL 33436</b>
TITLE <b>TD</b>	NAME <b>ED ETCHELS JR.</b>	STREET ADDRESS <b>8164 MYSTIC HARBOR CIRCLE</b>	CITY- ST- ZIP <b>BOYNTON BCH, FL 33436</b>
TITLE <b>SD</b>	NAME <b>FRED ROZELMAN</b>	STREET ADDRESS <b>8148 MYSTIC HARBOR CIRCLE</b>	CITY- ST- ZIP <b>BOYNTON BCH, FL 33436</b>
TITLE <b>D</b>	NAME <b>BILL FREEZE</b>	STREET ADDRESS <b>9179 WHITE ROCK CIRCLE</b>	CITY- ST- ZIP <b>BOYNTON BCH FL. 33436</b>
TITLE <b>VPD</b>	NAME <b>JEFF CLAFFORD</b>	STREET ADDRESS <b>8312 BERMUDA SOUND WAY</b>	CITY- ST- ZIP <b>BOYNTON BCH FL. 33436</b>

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with or without being empowered.

SIGNATURE:  **PRES**

24 APR 02 561-912-6213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Customer Service