


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90497 045 ****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**

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 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US**

2. Principal Place of Business 3. Mailing Address

70 PHOENIX MANAGEMENT **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.


3082 JOB ROAD

City & State City & State

LAKE WORTH, FL

Zip Country Zip Country

33467



MOORE CR2E037 (11/03)

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

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

7. Name and Address of New Registered Agent

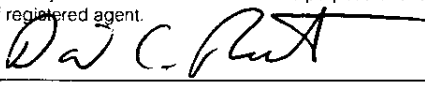
Name **DAVID C. ROSENTHAL**

Street Address (P.O. Box Number is Not Acceptable)
C/O PHOENIX MANAGEMENT 3082 JOB ROAD

LAKE WORTH

City **FL** Zip Code **33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-14-04**

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 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, JOHN 8002 RED REEF LANE BOYNTON BCH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ETCHELS, ED JR 8164 MYSTIC HARBOR CIR BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROZELMAN, FRED 8148 MYSTIC HARBOR CIR BOYNTON BCH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **7 APR, 04** DAYTIME PHONE #: **561-912-6213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #