


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90088 018 \*\*\*\*61.25

**DOCUMENT # N95000001493**

1. Entity Name  
 NAUTICA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 C/O PHOENIX MANAGEMENT  
 3082 JOG ROAD  
 LAKE WORTH, FL 33467 US

Mailing Address  
 C/O PHOENIX MANAGEMENT  
 3082 JOG ROAD  
 LAKE WORTH, FL 33467 US

40090133

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01162006 Chg-NP CR2E037 (11/05)

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**

ROSENTHAL, DAVID C  
 C/O PHOENIX MANAGEMENT  
 3082 JOG ROAD  
 LAKE WORTH, FL 33467

**7. Name and Address of New Registered Agent**

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

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN	
STREET ADDRESS	8002 RED REEF LANE	
CITY-ST-ZIP	BOYNTON BCH, FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROZELMAN, FRED	
STREET ADDRESS	8148 MYSTIC HARBOR CIR	
CITY-ST-ZIP	BOYNTON BCH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMOLEN, HELEN	
STREET ADDRESS	8017 STIRRUP CAY COURT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEREN, NEILL	
STREET ADDRESS	8208 WHITE ROCK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZE, JOSEPH	
STREET ADDRESS	8137 MYSTIC HARBOR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DLABIK, CHARLES	
STREET ADDRESS	8087 TORTUGA LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph J. Franze Date: 4-27-06 (561) 964-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #