


# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
09 FEB 25 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**DOCUMENT # N95000001493**

1. Entity Name  
**NAUTICA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>QUALITY MANAGEMENT GROUP 9045 LA FONATANA BLVD., #101 BOCA RATON, FL 33434 US</b>	Mailing Address <b>QUALITY MANAGEMENT GROUP 9045 LA FONATANA BLVD., #101 BOCA RATON, FL 33434 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



12032008 Chg-NP CR2E037 (12/06)

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</b> Additional Fee Required

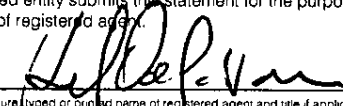
6. Name and Address of Current Registered Agent

**RANDALL K. ROGER & ASSOCIATES, P.A.  
621 NW 53RD STREET  
STE 300  
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **SKRLD, INC.**  
Signal Art. No. (If No. is Not Acceptable)  
**201 ALHAMBRA CIRCLE #1102**  
City **CORAL GABLES** FL Zip Code **33134**

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: **1-20-09**

(NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$61.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PANIZZI, FRANK</b> 8292 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Panizzi, Frank</b> 9045 La Fontana Blvd Ste 101 Boca Raton, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>COHEN, JASON</b> 8046 STIRRUP CAY CT BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Davis, Andrew</b> 9045 La Fontana Blvd. Ste 101 Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>SMOLEN, HELEN</b> 8017 STIRRUP CAY CT BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Skoriccki, Nicholas</b> 9045 La Fontana Blvd Ste 101 Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ISCOE, GARY</b> 8308 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <b>Curtain, Bill</b> 9045 La Fontana Blvd. Ste 101 Boca Raton, FL 33434 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LYNCH, JACK</b> 8002 RED REEF LN BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100144410484</b> 02/25/09--01027--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 a name like empowered.

SIGNATURE:  **FRANK PANIZZI** DATE: **1-28-09**

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

212500