

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 30, 2011
Secretary of State**

DOCUMENT# N95000001493

Entity Name: NAUTICA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**QUALITY MANAGEMENT GROUP
9045 LA FONATANA BLVD., #101
BOCA RATON, FL 33434 US**New Principal Place of Business:****Current Mailing Address:**QUALITY MANAGEMENT GROUP
9045 LA FONATANA BLVD., #101
BOCA RATON, FL 33434 US**New Mailing Address:**

FEI Number: 65-0640300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SKRLD, INC.
201 ALHAMBRA CIRCLE
#1102
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P
Name: SKARECKI, NICHOLAS
Address: 9045 LA FONTANA BLVD., STE 101
City-St-Zip: BOCA RATON, FL 33434 USTitle: VP
Name: DAVIS, ANDREW
Address: 9045 LA FONTANA BLVD., STE 101
City-St-Zip: BOCA RATON, FL 33434 USTitle: S
Name: AGNEW, LYLE
Address: 9045 LA FONTANA BLVD., STE 101
City-St-Zip: BOCA RATON, FL 33434 USTitle: T
Name: WILLIAMS, ROBERT
Address: 9045 LA FONTANA BLVD., STE 101
City-St-Zip: BOCA RATON, FL 33434 USTitle: D
Name: THORP, SCOTT
Address: 9045 LA FONTANA BLVD., STE 101
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICK SKARECKI

P

03/30/2011

Electronic Signature of Signing Officer or Director

Date