

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91207 003 ****61.25

DOCUMENT # N95000001493



1. Entity Name
NAUTICA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**PRIME MGMT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

Mailing Address
**PRIME MGMT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

11004948



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0640300		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GLICKMAN, LARRY Z C/O SACHS, SAX & KLEIN PA STE 4150, 301 YAMATO RD BOCA RATON FL 33431				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNCH, JOHN			NAME			
STREET ADDRESS	8002 RED REEF LANE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL 33436			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETCHELS, ED JR			NAME			
STREET ADDRESS	8164 MYSTIC HARBOR CIR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROZELMAN, FRED			NAME			
STREET ADDRESS	8148 MYSTIC HARBOR CIR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROZELMAN, FRED			NAME			
STREET ADDRESS	8148 MYSTIC HARBOR CIR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL 33436			CITY-ST-ZIP			
TITLE	RSD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVERMAN, DEBRA			NAME			
STREET ADDRESS	8296 BERMUDA SOUNDWAY			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL 33436			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]* **4 MAR, 03** **561 912 6213**

CPRE037 (10/02)