



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90158 043 ****61.25

DOCUMENT # N02000001565 1. Entity Name COURTYARDS AT NAUTICA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 STREET, BLDG.1000, STE 1002 COOPER CITY, FL 33330			Mailing Address LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 STREET, BLDG.1000, STE 1002 COOPER CITY, FL 33330		
2. Principal Place of Business C/O Landmark Mgmt. Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines Fl. Zip 33008 Country Brd.		3. Mailing Address C/O Landmark Mgmt. Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines Fl. Zip 33008 Country Brd.			
03272006 Chg-NP CR2E037 (11/05)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAKALAR BROUGH & CHADROW P A 150 S PINE ISLAND RD #540 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Randall Rogers and Assoc. Inc. Street Address (P.O. Box Number is Not Acceptable) One Park Place #300 City Boca Raton, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, JOSEPH 4331 SW 160 AVE #210 MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARPIE, RICHARD 4450 SW 16 AVE 108 MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIEN, JERRY 4405 SW 160 AVE #107 MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JOSE 4301 S W 160 AVE #207 MIRAMAR, FL 33027	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Efrain Sandoval 4381 SW 160 Ave #206 Miramar, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director James Salvatore 4341 SW 160 Ave #102 Miramar, FL 33027	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Dr. Chavez					
Daytime Phone # _____					