

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001998

**Entity Name:** NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 29, 2021**  
**Secretary of State**  
**0375191937CC**

**Current Principal Place of Business:**

C/O BECKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S DIXIE HWY SUITE 420  
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH RD., SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number: 65-1089758**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BACKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S DIXIE HWY  
SUITE 420  
BOCA RATON, FL 33432 US

*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: BACKER ABOUD**

**03/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PIORRO, KALI  
Address        8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            VP, SECRETARY  
Name            SINGER, GLENN  
Address        8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            SCHORR, MATTHEW  
Address        8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            SANTOSUS, SUZAN  
Address        8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BRITTO, OSVALDO  
Address        8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            MIRANDA, JAMES  
Address        C/O ASSOCIATED PROPERTY  
                  MANAGEMENT  
                  8135 LAKE WORTH RD., SUITE B  
City-State-Zip: LAKE WORTH FL 33467

*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: KALI PIORRO**

**PRESIDENT**

**03/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date