

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001998

Entity Name: NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES INC
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 65-1089758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

DICKER, KRIVOK AND STOLOFF
1818 S. AUSTRALIAN AVE SUITE 400
WEST PALM BEACH, FL 33409 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CRESSWELL, MARCY VP
Address 5075 NAUTICA LAKES CIRCLE
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT
Name D'ANGELO, PASQUALE PRESIDENT
Address 5068 NORTHERN LIGHTS DR
City-State-Zip: GREENACRES FL 33463

Title TD
Name MICHAEL, SLOBODOW TREASURER
Address 5067 NORTHERN LIGHTS DR
City-State-Zip: GREENACRES FL 33463

Title SD
Name VALDIVIA, CLAUDIA SECRETARY
Address 5031 STARBLAZE DRIVE
City-State-Zip: GREENACRES FL 33463

Title VP
Name LOPERFIDO, ROBERT
Address 5098 BRIGHT GALAXY LN
City-State-Zip: GREENACRES FL 33463

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: PASQUALE D'ANGELO

PRESIDENT

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date