

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001998

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

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**7874209481CC**

**Current Principal Place of Business:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH ROAD SUITE B  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
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:**

YELLIN, JONATHAN ESQ.  
BACKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S. DIXIE HIGHWAY 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: JONATHAN YELLIN**

**04/19/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EZZO, GINO  
Address        C/O ASSOCIATED PROPERTY  
                  MANAGEMENT  
                  8135 LAKE WORTH ROAD SUITE B  
City-State-Zip: LAKE WORTH FL 33467

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

Title            SECRETARY  
Name            SINGER, GLENN  
Address        C/O ASSOCIATED PROPERTY  
                  MANAGEMENT  
                  8135 LAKE WORTH ROAD SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            BRITO, OSVALDO  
Address        C/O ASSOCIATED PROPERTY  
                  MANAGEMENT  
                  8135 LAKE WORTH ROAD 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: GINO EZZO**

**PRESIDENT**

**04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date