

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N01000001998

Entity Name: NAUTICA ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O STOLOFF & MANOFF, P.A
1818 S. AUSTRALIAN AVENUE SUITE 400
WEST PALM BEACH, FL 33409

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:

STOLOFF & MANOFF, P.A
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: SCOTT STOLOFF 04/29/2020
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 TREASURER
Name SCHORR, MATTHEW
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 VP, SECRETARY
Name SINGER, GLENN
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

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 04/29/2020
Electronic Signature of Signing Officer/Director Detail Date