

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N03000004718

Entity Name: LE NAUTIQUE AT HAULOVER INLET CONDOMINIUM
ASSOCIATION, INC.

Current Principal Place of Business:

C/O M. POSTMAN MANAGEMENT, LLC
8998 NW 39 STREET
COOPER CITY, FL 33024

Current Mailing Address:

C/O M. POSTMAN MANAGEMENT, LLC
PO BOX 291685
DAVIE, FL 33329

FEI Number: 20-0889938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISENGER, BROWN, LOUIS & FRANKEL, PA
4000 HOLLYWOOD BLVD.
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 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 PD
Name LITVACK, LAWRENCE
Address 10261 E BAY HARBOR DR.UNIT 901
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title VP
Name LITVACK, SHIRLEY
Address 10261 E BAY HARBOR DR. UNIT 901
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title SECRETARY
Name FRANKEL, MARKUS
Address 10261 E. BAY HARBOR DR. UNIT 301
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title TREASURER
Name BOBER, NICOLAS
Address 10261 E BAY HARBOR DR. UNIT 1201
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title DIRECTOR
Name BLACK, SONIA
Address 10261 E BAY HARBOR DR. UNIT 501
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title DIRECTOR
Name SANTORO, DIANA
Address 10261 E BAY HARBOR DR. UNIT 601
City-State-Zip: BAY HARBOR ISLANDS FL 33154

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: SHIRLEY LITVACK

VICE PRESIDENT

09/18/2018

