## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004190

Entity Name: NAUTICA CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 06, 2017 **Secretary of State** CC5002844567

## **Current Principal Place of Business:**

5970 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140

## **Current Mailing Address:**

PO BOX 41-4331

MIAMI BEACH, FL 33141 US

FEI Number: 80-0110167 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAW OFFICES OF MICHAEL A. HALBERG, P.A. 1391 SAWGRASS CORPORATE PARKWAY FT. LAUDERDALE, FL 33323 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:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** SANTIAGO-BELLO, WENDY L Name Name ALFA, VLADIMIR

5970 INDIAN CREEK DR #505 Address 5970 INDIAN CREEK DR, 207 Address City-State-Zip: MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 City-State-Zip:

Title DIRECTOR

Name DALKOWSKI, JOHN Name OLIN, KAREN

Address 701 BRICKELL AVENUE Address 919 S OAK PARK AVE 1550

UNIT B

City-State-Zip: MIAMI FL 33131 OAK PARK IL 60304 City-State-Zip:

Title **DIRECTOR** Name DANIELS, DAVID

Address 5970 INDIAN CREEK DRIVE # 502

**SECRETARY** 

City-State-Zip: MIAMI BEACH FL 33140

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.

04/06/2017 SIGNATURE: VLADIMIR ALFA **PRESIDENT**