

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001493

**FILED  
May 10, 2015  
Secretary of State  
CC2172680088**

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

**Current Principal Place of Business:**

QUALITY MANAGEMENT GROUP  
9045 LA FONATANA BLVD.,#101  
BOCA RATON, FL 33434

**Current Mailing Address:**

QUALITY MANAGEMENT GROUP  
9045 LA FONATANA BLVD.,#101  
BOCA RATON, FL 33434 US

**FEI Number: 65-0640300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEVEN R. BRATEN, P.A.  
500 GULFSTREAM BLVD SUITE 104  
DELRAY BEACH, FL 33483 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 P  
Name SKARECKI, NICHOLAS  
Address 9045 LA FONTANA BLVD., STE 101  
City-State-Zip: BOCA RATON FL 33434

Title VP  
Name DAVIS, ANDREW  
Address 9045 LA FONTANA BLVD., STE 101  
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY  
Name LOCIGNO, MARK  
Address 9045 LA FONTANA BLVD., STE 101  
City-State-Zip: BOCA RATON FL 33434

Title TREASURER  
Name AGNEW, LYLE S  
Address 9045 LA FONTANA BLVD. STE 101  
City-State-Zip: BOCA RATON FL 33434

*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: NICHOLAS SKARECKI**

**PRESIDENT**

**05/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date