

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 8:57

DOCUMENT # 725204 1. Entity Name STAR LAKE NORTH NAUTILUS ASSOCIATION, INC.			
Principal Place of Business 19255 N.E. 2ND AVENUE MIAMI, FL 33179 US		Mailing Address P.O. Box 402507 Miami Beach, FL 33140 Complete Property Management	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 402507 Apt. #, etc.	
City & State Miami Beach		4. FEI Number 59-1477794	
Zip 33139		Country FLA	
6. Name and Address of Current Registered Agent Bakalar & Eichner, P.A.		7. Name and Address of New Registered Agent Mellon Financial Center 150 South Pine Island Road, Ste 540 Plantation, Fla 33324	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 45%;"> <i>[Signature]</i> 11/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P CAPELLAN, ALBERTO 19255 NE 2ND AVE #2223 MIAMI, FL 33179	TITLE	President Edgar de la Roca 19255 NE 2nd Ave. #2215 Miami, FL 33179
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BAYER, WALEED H 19255 NE 2ND AVE #2208 MIAMI, FL 33179	TITLE	Treasurer/Sec. Dolores Cruz 19255 NE 2nd Ave. #2219 Miami, FL 33179
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TR/S WHITELEY, EDWARD 19255 NE 2ND AVE, #2209 MIAMI, FL 33179	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP DAMASO, LYDIA 19720 NE MIAMI CT MIAMI, FL 33179	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MICHAEL GARCIA 19255 NE 2ND AVE MIAMI, FL 33179	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: Dec 1, 2008 <small>Daytime Phone #</small>	