

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **727940** (9)  
1. Corporation Name  
**NATURA CONDOMINIUM NO. 2 ASSOCIATION, INC.**



Principal Place of Business: **600 S.W. NATURA AVE. DEERFIELD BCH FL 33441**  
Mailing Address: **600 S.W. NATURA AVE. DEERFIELD BCH FL 33441**

3. Date Incorporated or Qualified: **11/05/1973**  
3a. Date of Last Report: **04/17/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1825538</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEO KASS 2004 A SW NATURA BLVD DEERFIELD BEACH FL 33441</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYR, ROSE</b>		1.2 NAME	<b>CHASE MARY</b>	
STREET ADDRESS	<b>3500 SW NATURA BLVD</b>		1.3 STREET ADDRESS	<b>3500 S.W. NATURA BLVD</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>		1.4 CITY-ST-ZIP	<b>DEERFLD Bch, FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE, MARY</b>		2.2 NAME	<b>CARDILLO DOLORES</b>	
STREET ADDRESS	<b>3500 SW NATURA BLVD</b>		2.3 STREET ADDRESS	<b>3500 NATURA AVE</b>	
CITY-ST-ZIP	<b>DEERFEILD BCH FL</b>		2.4 CITY-ST-ZIP	<b>DEERFLD Bch, FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGERAMI, GEORGE</b>		3.2 NAME	<b>PEPPAS, MARINO</b>	
STREET ADDRESS	<b>3500 NATURA BLVD</b>		3.3 STREET ADDRESS	<b>3500 NATURA BLVD</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>		3.4 CITY-ST-ZIP	<b>DEERFLD Bch, FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDILLO, DOLORES</b>		4.2 NAME		
STREET ADDRESS	<b>3500 NATURA BLVD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>DEERFEILD BCH FL</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEPPAS, MARINO</b>		5.2 NAME		
STREET ADDRESS	<b>3500 NATURA BLVD</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>DEERFEILD BCH FL</b>		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Solana M. Cardillo* Date: 4-29-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)