

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743942**

1. Entity Name  
NAUTILUS CONDOMINIUM, INC.



Principal Place of Business  
848 COLLIER CT  
MARCO ISLAND, FL 34145 US

Mailing Address  
BOX 115  
MARCO ISLAND, FL 34146 US



04152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1921611

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SAFE HARBOR PROPERTY MGMT  
601 ELKCAM CIRCLE, B-16  
MARCO ISLAND, FL 34145

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

U00000937750  
05/27/08-80055-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WINDSOR, RICK
STREET ADDRESS	25 W 250 SALEM ROC
CITY- ST- ZIP	NAPERVILLE, IL 60540
TITLE	P
NAME	DEHART, JOHN
STREET ADDRESS	848 COLLIER CT #406
CITY- ST- ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	ANDERSON, CINDY
STREET ADDRESS	3940 EDMUND BLVD
CITY- ST- ZIP	MINNEAPOLIS, MN 55406
TITLE	TVP
NAME	HUTCHINSON, CAROL
STREET ADDRESS	848 COLLIER ST #402
CITY- ST- ZIP	MARCO ISLAND, FL 34145
TITLE	D
NAME	HANSON, RUSS
STREET ADDRESS	848 COLLIER CT # 401
CITY- ST- ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Carol N. Hutchinson* (CAROL N. Hutchinson) 4/24/08 (239) 394-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #