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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 752616

NAUTICO BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address									
6937 BAY DR. 6937 BAY DR.						# 180111 1 00 61 01170 11 017 0118 1 1101	i a nn anan an	 	
MIAMI BEACH	I FL 33141	MIAMI BEACH FL 33141							
U\$ U\$. C IAMINI LAMBI MILITA LIANA ALIMI LIAN		ter Atan andri Asa	() BIUIL ITU?
						2 D to be a consisted as Overlifted			
2. Principal !	2a. Mailing Address	ddress			3. Date Incorporated or Qualifed 05/23/1980				
21	·	26						T-14	
Suite, Apt. #, etc.						4. FEI Number 59-2248240			olied For
22		27	011.00			33 2210210	·		Applicable
City & Sta	ite	— ·	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Red	
23		28							<u> </u>
Zip Country Zip			Country			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	25	29 30				Trust Fund Contribution			rees
	9. Name and Address of Curre	nt Registered Agent	81	10. Name and Address of New Registered Agent 81. Name					
				INATIO					
GRENBERG, SOFIA			82	Street .	Address	ddress (P.O. Box Number is Not Acceptable)			
6937 BAY DR #501						<u> </u>		· · · · ·	
MIAMI BEACH FL 33141			83	83			·		
			84	City				85 Zip C	ode
				,			<u> FL</u>	<u> </u>	
11. Pursuan	to the provisions of Sections 617.050 registered agent, or both, in the State	22 and 617.1508, Florida Statutes, th	e above	e-named	corporat	tion submits this statement for the	purpose of ot the appoi	changing its i	registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 617.0503, Florida S	Statutes	Line Color		board of directors. I hereby deep	ot allo appoi		,,,,,,,,
SIGNATURE		solja		M	2	· · ·	112	5.99_	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regis	tered Ager	r signature i	equired who		DATE		
12.	,	ID DITCO TOTAL	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE 1	I.1 TITLE					☐ Change	☐ Addition
NAME	GRENBERG, SOFIA	1	I.2 NAME						j
STREET ADDRESS	6937 BAY DR #501	<u> </u>	.3 STREET	ADDRESS	}	•	•		1
CITY-ST-ZIP	MIAMI BEACH FL 33141	1	1.4 CITY-S	T-ZIP		<u> </u>	** *	· · ·	
TITLE	DVP	☐ DELETE 2	2.1 TITLE					Change	☐ Addition
NAME	MOTOLA; ISAAC	2	2.2 NAME			•			
STREET ADDRESS	6937 BAY DR, APT. 210	2	2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI BCH FL 33161	J ₂	1 € CITY-S	ST-ZIP					•
TITLE	DT	☐ DELETE 3	3.1 TITLE					☐ Change	☐ Addition
NAME	GREO, JOSE	3	3.2 NAME						
STREET ADDRESS	COOT DAY OD #505			ADDRESS				•	,
CITY-ST-ZIP	MIAMI BCH FL 33141		3.4. CITY-S	T-ZIP		•	*.		
TITLE	SD		1.1 TITLE	-	57			Change	☐ Addition
NAME	DURANTE, PAT J		I. 2 NAME		An	na silber			1
STREET ADDRESS	BAN BB #	l a	I.3 STREFT	ADDRESS	69:	INA SILBER 17 Bay S.R. #203 LMI Beach. RL. 33141		,	į
CITY-ST-ZIP	MIAMI FL 33141		I.4 CITY-S		mia	uni Aeach, RL. 33141			ļ
TITLE	THE OWN TE COLUMN		5.1 TITLE		7-7 77			Change	Addition
NAME			2 NAME			,		-	j
	.}			ADDRESS		1			}
STREET ADDRESS			5.4 CITY-S			• •		÷	
CITY-ST-ZIP			1 TITLE		<u> </u>		<u> </u>	☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE