

FILED
Apr 17, 2008 08:00 A
Secretary of State

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

DOCUMENT # 757643		
1. Entity Name THE NAUTILUS CLUB HOTEL CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1825 COLLINS AVE. MIAMI BEACH, FL 33139		Mailing Address C/O BAKER HOTETLER 200 S. ORANGE AVE., SUITE 2300 ORLANDO, FL 32801
DO NOT WRITE IN THIS SPACE		
		04082008 No Chg-NP CR2E037 (4/06)
4. FEI Number 20-5622225		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent A.G.C. CO. 200 S. ORANGE AVE. SUITE 2300 ORLANDO, FL 32801		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 _____ (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
10. OFFICERS AND DIRECTORS		05/01/08-80005-001 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLSON, ERIC 1825 COLLINS AVE. MIAMI BEACH, FL 33139	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASSALACQUA, STEPHEN 1825 COLLINS AVE. MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAVIN, TOM 1825 COLLINS AVENUE MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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: <u>Stephen Passalacqua</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		April 8, 2008 212-308-1000 Date Daytime Phone #