FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

FILED
Feb 02 1998 8:00am
Secretary of State
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THE NAUTILUS CONDOMINIUM ASSOCIATION, INC.																
Principal Plac	e of Busines	s		Ma	ailing Addr	ess					1	1 488111 10010 B3101 01101 01110 11011 1841	Bibli Oldii Bib li			
1088 CANDLEWOOD CIRCLE PENSACOLA FL 32514-1604 US - 1088 CANDLEWOOD CIRCLE PENSACOLA FL 32514-1604 US											Date Incorporated or Qualified 10/25/1982 FEI Number 59-2239658			olled For		
Principal Place of Business Za. Mailing Address														.75 A	dditional	
Suite, Apt.	Suite, Apt. #, etc.					Suite, Apt. #, etc.					6	Election Campaign Financing		ee Red		
22						27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
City & Stat	e				City & State						7. Is this nonprofit corporation a homeowners association?					
Zip			Country	28	28				Country			8. This corporation owes or has paid the current year Intangible				
24	25				29 30							Personal Property Tax due June 30. Yes 🔀 No				
	9. Name and Address of Current Registered Agent											Name and Address of New Regis	stered Agent			
								81	Na	ame						
BRYAN, SARAH								82	St	reet Addre	ss (P	O. Box Number is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·	
1088 CANDLEWOOD CIRCLE PENSACOLA FL 32514								83							-,	
FENOM	JOEA FL 32	2) 14														
								84	Ci	-			FL 85	Zip C		
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or printed name or registered agent and little If applicable. (NOTE, Registered Agent signature required was a signature of registered Agent signature required was a signature.													pose of chang he appointme	jing its nt as r	registered egistered	
12.	orginatore, typeo	Ot Day	OFFICERS AND	_		(IAO)	13		irit aig	nature requirer		ADDITIONS/CHANGES TO OFFICER		CTORS	S IN 12	
TITLE	PD		OT TOLITO / LTO	<u> </u>		DELETE	_	1 TITLE		Т				ange	Addition	
NAME	CORRE	LL, V	VARD		1.2				1.2 NAME							
STREET ADDRESS 1109 CANDLEWOOD CIRCLE					- 1				1.3 STREET ADDRESS							
CITY-ST-ZIP	PENSAC		4 FL					1.4 CITY-ST-ZIP				·			T-1	
TITLE	VD □ DELETE 2:11												∐ Ch	ange	L Addition	
NAME	HIGDON, KEN 1029 S. FAIRFIELD DR.							2.2 NAME								
STREET ADORESS			nrield uk. A FL 32507		2.3 STREET ADDRESS 2. 4 City - St - Zip											
TITLE	SD	2015	1 L 02007			DELETE	_	<u>4 CITT-3</u> 1 TITLE	SI ~ Zil				Ch	ange	Addition	
NAME	BRYAN.	SAF	RAH					2 NAME					_		_	
STREET ADDRESS	1088 CANDLEWOOD CIRCLE							3.3 STREET ADDRESS								
CITY - ST - ZiP								3.4. CITY-ST-ZIP							_	
TITLE						DELETE	4.1	TITLE					— ☐ Ch	ange	Addition	
NAME							4.	2 NAME		-		·				
STREET ADDRESS						4.3 STREET ADDRESS				iess						
CITY-ST-ZIP						Driver		CITY-ST	T-ZIP						Addito-	
TITLE						DELETE		1 TITLE				•	☐ Ch	जातिह	Addition	
NAME								2 NAME	4000	urce						
STREET ADDRESS CITY-ST-ZIP							- 8	3 STREET . 4 CITY - ST							!	
TITLE						DELETE	_	TITLE	1-41	- -		,	Ch	ange	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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

JIRECLARD GARRELL

850 476 4044