2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 768650

Entity Name: NAUTICAL WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

204 GULF WINDS CT
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1262
DESTIN, FL 325401262 US

New Mailing Address:

FEI Number: 59-2406049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, DONALD H
204 GULF WINDS CT
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCHWARZE, ROBERT	
Address:	106 GULF WINDS CT	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	( ) Delete
Name:	ROGERS, DON	
Address:	204 GULF WINDS CT	
City-St-Zip:	DESTIN, FL 32541	
Title:	TSD	( ) Delete
Name:	LEWIS, RAY	
Address:	201 GULF WINDS CT	
City-St-Zip:	DESTIN, FL 32541	
Title:	VD	( ) Delete
Name:	SANTANGELO, ROBERT	
Address:	110 GULF WINDS CT	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	SANTANGELO, LINDA	
Address:	110 GULF WINDS CT	
City-St-Zip:	DESTIN, FL 32541	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON ROGERS DIR 01/12/2009

Electronic Signature of Signing Officer or Director — Date