

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90026 033 \*\*\*\*61.25

<b>DOCUMENT # N03000002008</b>					
<b>1. Entity Name</b> VILLAS AT NAUTICA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4005 SW 156 AVENUE MIRAMAR, FL 33027			<b>Mailing Address</b> 4005 SW 156 AVENUE MIRAMAR, FL 33027		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0032397	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY. WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> LINEHAN, DICK <b>STREET ADDRESS</b> 4174 SW 159 AVE. <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> DOREEN MENDEZ <b>STREET ADDRESS</b> 4182 SW 159 AVE <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> FUERTES, GLAUCO <b>STREET ADDRESS</b> 4125 SW 157 AVE <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> SAMUEL GILFARB <b>STREET ADDRESS</b> 3922 SW 155 AVE <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BACAL, SHIKE <b>STREET ADDRESS</b> 15640 SW 31 ST <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CABOT, DIANA <b>STREET ADDRESS</b> 15639 SW 39 ST. <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MARCOS CEBALLOS <b>STREET ADDRESS</b> 4275 SW 157 AVE <b>CITY - ST - ZIP</b> MIRAMAR, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> PADILLA, DAYRON <b>STREET ADDRESS</b> 15731 SW 40 ST <b>CITY - ST - ZIP</b> MIAMI, FL 33027	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> ALEXANDER MORA <b>STREET ADDRESS</b> 15834 SW 42 Street <b>CITY - ST - ZIP</b> MIRAMAR FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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</b>					
<b>SIGNATURE:</b> <u>SAMUEL GILFARB</u> (X) <u>2/7/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					