

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002008

FILED
Jan 20, 2009
Secretary of State

Entity Name: VILLAS AT NAUTICA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4005 SW 156 AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4005 SW 156 AVENUE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-0032397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE PKWY.
WESTON, FL 33326 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: P () Delete
Name: MENDEZ, DOREEN
Address: 4182 SW 159 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: GILLFARB, SAMUEL
Address: 3922 SW 155 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: BACAL, SHIKE
Address: 15640 SW 31 ST
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: CEBALLOS, MARCOS
Address: 4275 SW 157 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: MORA, ALEXANDER
Address: 15834 SW 42 STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BACAL, SHIKE
Address: 15640 SW 31 ST
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Change () Addition
Name: FUERTES, GLAUCO
Address: 4125 SW 157 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change () Addition
Name: TURNER, CHRIS
Address: 15608 SW 43 STREET
City-St-Zip: MIRAMAR, FL 33027

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: DOREEN MENDEZ

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date