

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90031 015 \*\*\*\*61.25

<b>DOCUMENT # N03000004718</b>					
<b>1. Entity Name</b> LE NAUTIQUE AT HAULOVER INLET CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC 1001 N FEDERAL HWY., STE. 248 HALLANDALE BEACH, FL 33009			<b>Mailing Address</b> C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC 1001 N FEDERAL HIGHWAY, STE. 248 HALLANDALE BEACH, FL 33009		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>40 Dynamic Community Mgmt Services</i> Suite, Apt. #, etc. 12240 SW 53rd - Ste 501		<b>3. Mailing Address</b> <i>40 Dynamic Community Management Serv Inc.</i> Suite, Apt. #, etc. P.O. Box 824266		<b>40013712</b>  	
City & State <i>Cooper City, Florida</i>		City & State <i>Pembroke Pines, FL</i>		01252008    Chg-NP    CR2E037 (12/06)	
Zip 33330		Zip 33082		<b>4. FEI Number</b> 20-0889938	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  EISENGER, BROWN, LOUIS & FRANKEL, PA 4000 HOLLYWOOD BLVD. SUITE 265-SOUTH HOLLYWOOD, FL 33021			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSEN, RICHARD 1001 N FEDERAL HIGHWAY, SUITE 248 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHFIELD, ELIZABETH 1001 N FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERIDAN, LAURA 1001 N FEDERAL HIGHWAY, SUITE 248 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSVENOR, J. MARK 1001 N FEDERAL HIGHWAY, SUITE 248 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, SONIA 1001 N FEDERAL HIGHWAY, SUITE 248 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> _____ <i>ms</i> <b>1/28/08</b> (94) 485-7022					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					