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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05702** **(8)**

1. Corporation Name

NAUTIQUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CORAL PROPERTY MANAGEMENT GROUP 826 S.E. 46TH LANE CAPE CORAL FL 33904	% CORAL PROPERTY MANAGEMENT GROUP 826 S.E. 46TH LANE CAPE CORAL FL 33904-6818

3. Date Incorporated or Qualified: 10/17/1984
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2702332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FITZGEORGE, ELAINE D.
CORAL PROPERTY MANAGEMENT GROUP
826 S.E. 46TH LANE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTHEWS, GISELE P O BOX 1757 N/A CAPE CORAL FL	☒ DELETE	1.1 TITLE (D) / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES. DUDLEY, FRED 4010 Skyline Blvd. #9 Cape Coral,Florida 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUDLEY, FRED 4010 SKYLINE BLVD CAPE CORAL FL	☒ DELETE	2.1 TITLE (D) / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	FLANAGAN, TOZIA VP 804 Mohawk Pkwy. #3 Cape Coral,Florida 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WRIGHT, HAZEL 4010 SKYLINE BLVD #7 CAPE CORAL FL	☒ DELETE	3.1 TITLE / 3.2 NAME (D) / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECY. CREIGHTON, STEVE 4010 Skyline Blvd. #10 Cape Coral,Florida 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FLANAGAN, TOZIA 804 MOHAWK PKWY CAPE CORAL FL	☒ DELETE	4.1 TITLE / 4.2 NAME (D) / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREAS. WORKMAN, Janice 4010 Skyline Blvd. #9 Cape Coral,Florida 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WORKMAN, JANICE 4010 SKYLINE BLVD CAPE CORAL FL	☒ DELETE	5.1 TITLE / 5.2 NAME (D) / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SANDRO, Michael (DR) 93 W. Glenmont Dr. N. Ft. Myers,Fl. 33902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 3/20/97 548-1506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055207