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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 10/17/1984

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FITZGEORGE, ELAINE D. CORAL PROPERTY MANAGEMENT GROUP 826 S.E. 46TH LANE CAPE CORAL FL 33904	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CREIGHTON, STEVE 4010 SKYLINE BLVD, 10 CAPE CORAL FL	☒ DELETE	1.1 TITLE PRES 1.2 NAME (D) DUDLEY, FRED 1.3 STREET ADDRESS 4010 Skyline Blvd. 1.4 CITY-ST-ZIP Cape Coral, Florida 33914	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUDLEY, FRED 4010 SKYLINE BLVD CAPE CORAL FL	☒ DELETE	2.1 TITLE VP 2.2 NAME (D) FLANAGAN, TOZIA 2.3 STREET ADDRESS 804 MOHAWK PKWY. 2.4 CITY-ST-ZIP CAPE CORAL, FL. 33914	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRO, MICHAEL 93 W GLENMONT DR N FT MYERS FL	☒ DELETE	3.1 TITLE SECY 3.2 NAME (D) WORKMAN, JANICE 3.3 STREET ADDRESS 4010 SKYLINE BLVD. 3.4 CITY-ST-ZIP CAPE CORAL, FLORIDA 33914	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FLANAGAN, TOZIA 804 MOHAWK PKWY, 3 CAPE CORAL FL	☒ DELETE	4.1 TITLE TREAS 4.2 NAME WORKMAN, JANICE 4.3 STREET ADDRESS (D) 4010 SKYLINE BLVD. 4.4 CITY-ST-ZIP 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ 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 (10/97)

14. I 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: [signature] 4-1-98