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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05702

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

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 24 Country 25	Zip 29 Country 30

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

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

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

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

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	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DUDLEY, FRED		1.2 NAME	FLANAGAN, TOZIA	
STREET ADDRESS	4010 SKYLINE BLVD		1.3 STREET ADDRESS	804 Mohawk Pkwy.	
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-ST-ZIP	Cape Coral,FL 33914	
TITLE	VPD	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	FLANAGAN, TOZIA		2.2 NAME	DUDLEY,FRED	
STREET ADDRESS	804 MOHAWK PKWY		2.3 STREET ADDRESS	4010 Skyline Blvd.	
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4 CITY-ST-ZIP	Cape Coral,FL 33914	
TITLE	SD	☒ DELETE	3.1 TITLE	SECY.	☒ Change ☐ Addition
NAME	WORKMAN, JANICE		3.2 NAME	MC LAUGHLIN,KATHLEEN	
STREET ADDRESS	4010 SKYLINE BLVD		3.3 STREET ADDRESS	804 Mohawk Parkway	
CITY-ST-ZIP	CAPE CORAL FL 33914		3.4 CITY-ST-ZIP	Cape Coral,FL 33914	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WORKMAN, JANICE		4.2 NAME		
STREET ADDRESS	4010 SKYLINE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	WORKMAN, JANICE		5.2 NAME	HARTWIG, EILEEN	
STREET ADDRESS	4010 SKYLINE BLVD		5.3 STREET ADDRESS	907 Hart Street	
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	Harvard, ILL 60033	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)