FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N05702 1. Entity Name NAUTIQUE CONDOMINIUM ASSOCIATION. INC. 04-30-2001 90069 045 \*\*\*\*61.25 Principal Place of Business Mailing Address % C-21 SUNBELT REALTY % C-21 SUNBELT REALTY 506 SW 47TH TERRACE 646174 506 SW 47TH TERRACE CAPE CORAL FL 33914 CAPE CORAL FL 33914 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2702332 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Zunino,</u> <u> August</u> Street Address (P.O. Box Number is Not Acceptable) 506 SW 47th Terrace FITZGEORGE, ELAINE D. CORAL PROPERTY MANAGEMENT GROUP 826 S.E. 46TH LANE Cape Coral Zip Code 33914 CAPE CORAL FL 33904 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable Make Check Payable to FILE NOW 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS-861.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ■ Addition TITLE PD □ Delete TITLE NAME NAME FLANAGAN, TOZIA STREET ADDRESS STREET ADDRESS 804 MOHAWK PKWY CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 X Change ☐ Addition SD X Delete TITLE SD TITLE Smith, Marlene NAME MCLAUCLIN, KATHLEEN NAME STREET ADDRESS 241 Ponderosa Drive STREET ADDRESS **804 MOHAWK PKWY** CITY-ST-ZIP CITY-ST-ZIP Lachine, MI 49753 CAPE CORAL FL 33914 X Change ☐ Addition VD X Defete TITLE TITLE Lallone, Linda 1114 SE 21st Terrace NAME NAME CLEMMENT. HELEO STREET ADDRESS STREET ADDRESS 4010 SKYLINE BLVD #109 Cape Coral, FL 33990 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 TS Addition ☐ Change ☐ Delete TITLE TITLE Nykowski, Elynor NAME NAME 4010 Skyline Blvd. # 109 STREET ADDRESS STREET ADDRESS Cape Coral, FL 33914 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 eddress, with all other like empowered.

SIGNATURE SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-11-2001

Daytime Phone #