## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N05702** 1. Entity Name NAUTIQUE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address % C-21 SUNBELT REALTY % C-21 SUNBELT REALTY

## FILED Aug 18, 2002 8:00 am Secretary of State

08-18-2002 90130 020 \*\*\*\*61.25

714744

506 SW 47TH CAPE CORAL				506 SW 47TH TERRACE CAPE CORAL FL 33914				 	<b>2121 - 2</b> 1411   <b>22</b> 17 <b>22</b> 18 2181		1. <b>8</b> 11.81811.1861	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ite	<u> </u>	C	City & State			<u> </u>	4. FEI Number 59-2702332 Applied For				$\exists$
Zip	Zip Country			Zip				<del></del>		<u>      ^</u> \$8.75 Ac	lot Applicable	-
	6 Nama	and Address of Curren						5. Certificate of Status Desired — \$6.75 Additional Fee Required — 7. Name and Address of New Registered Agent				-]-
····	o. Haine	and Address of Carren	negister	ео Адепт		Name	<del></del>	7. Name and Add	ress of New Regis	tered Agent		4
ZUNINO, AUGUST						Street Address (P.O. Box Number is Not Acceptable)						
	7TH TERRA								<del></del>	······································		4
CAPE CO		}	City				7:- 0-		4			
A 7:		<u></u>		-				FL Zip Co		ļ		
the obliga	e named catify tions of regist	submits this statement tered agent.	for the purp	oose of changing its	registere	d office	or registere	ed agent, or both, in	the State of Florida.	I am familiar with	, and accept	
									•			
SIGNATURE		or printed name of registered ager	nt and title if an	plicable (NOTE	- Registered	Agent signs	ature required	when reinstating)		DATE		
				(10)			acore required	when (emstating)		DATE		_
	9. Election Can	ampaign Financing			\$5.00 May Be	Make C	heck Payable	to				
	min. wil	be \$236.25.		Trust Fund C	Contributio	m.		Added to Fees		rtment of Stat		
10.	<del>-                                    </del>	OFFICERS AND D	IRECTORS		11.			DDITIONS/CHANGI	ES TO OFFICERS A	ND DIDECTORS IN		1
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NAME	SMITH, MARLENE			NAM			<u> </u>				<del></del>	
STREET ADDRESS CITY-ST-ZIP	241 PONDEROSA DRIVE LACHINE MI 49753					ADDRESS	SAKE	<b>5</b> ·- ·		an el descri		-
	VD VD	11 49/53			CITY-S	ST-ZIP	ļ	<u> </u>				
TITLE NAME	LALLONE,	LINDA		Delete	TITLE		MPD			☐ Change	2 Addition	
STREET ADDRESS		IST TERRACE			NAME	ADDRESS	TACK	e Higdon				
CITY-ST-ZIP		AL FL 33990			CITY-S	AUURESS T. 7ID	102	SE 415t-S	计	_		1
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NAME	NYKOWSKI	. ELYNOR		u∎r Delete	TITLE NAME		J			☐ Change	☐ Addition	
STREET ADDRESS		E BLVD. #109				ADDRESS						
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12. I hereby co	ertify that the	information supplied with or supplemental report is	this filing of true and a	does not qualify for t	the exemp	otion stat e shall h	ted in Sect ave the sa	ion 119.07(3)(i), Flor me legal effect as if	rida Statutes. I furthe made under oath: th	er certify that the in	formation or director	İ

or 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.

**SIGNATURE:**