

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90040 014 ****61.25

DOCUMENT # N05702 1. Entity Name NAUTIQUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914		Mailing Address % C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914	
2. Principal Place of Business c/o Rossman Realty Prop. Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3		3. Mailing Address % Rossman Realty Property Suite, Apt. #, etc. 415 Cape Coral Pkwy W #3	
City & State Cape Coral, FL Zip 33914		City & State Cape Coral, FL Zip 33914	
Country 		Country 	
4. FEI Number 59-2702332		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFKA, BEVERLY C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Rossman Realty Property Management Street Address (P.O. Box Number is Not Acceptable) c/o Loukides McLeod 415 Cape Coral Pkwy W. #3 City Cape Coral FL Zip Code 33914	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Loukides McLeod - agent</u> DATE <u>8.31.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P SMITH, MARLENE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	241 PONDEROSA DR.		
CITY-ST-ZIP	LACHINE, MI 49753		
TITLE	VP SMITH, MARLENE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	804 MOHAWK PKWY #102		
CITY-ST-ZIP	CAPE CORAL, FL 33914		
TITLE	ST FLANAGAN, TOZIA	<input type="checkbox"/> Delete	
STREET ADDRESS	714 SW 51 TER.		
CITY-ST-ZIP	CAPE CORAL, FL 33914		
TITLE	D BAKER, BRENDA	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	804 MOHAWK PKWY #104		
CITY-ST-ZIP	CAPE CORAL, FL 33914		
TITLE	D WIREBAUGH, CAROL	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	1302 SE 31ST KABC		
CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P BRENDA BAKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	804 MOHAWK PKWY #104		
CITY-ST-ZIP	CAPE CORAL, FL 33914		
TITLE	VP CAROL WIREBAUGH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1302 SE 31ST KABC		
CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered.			
SIGNATURE: <u>Brenda Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8.31.06</u> Daytime Phone # <u>239.443.1091</u>	