


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90087 036 ****61.25

DOCUMENT # N05702 1. Entity Name NAUTIQUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O ROSSMAN REALTY PROP. Mgmt LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914		Mailing Address C/O ROSSMAN REALTY PROP. Mgmt LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46th Lane #2 Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904	
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 ROSSMAN REALTY PROPERTY MANAGEMENT C/O LOURDES MCLEOD 415 CAPE CORAL PKWY WEST SUITE 2 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Michelle Rossman CAM Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt. LLC 1104 SE 46th Lane #2 City Cape Coral FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michelle Rossman</u> DATE <u>4/25/07</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 May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BAKER, BRENDA	STREET ADDRESS	PD
CITY-ST-ZIP	804 MOHAWK PKWY SUITE 104	CITY-ST-ZIP	
	CAPE CORAL, FL 33914		
STREET ADDRESS	VP	STREET ADDRESS	VPD
CITY-ST-ZIP	WIREBAUGH, CAROL	CITY-ST-ZIP	
	1302 SE 31ST KABE		
	FORT MYERS, FL 33901		
STREET ADDRESS	ST	STREET ADDRESS	STD
CITY-ST-ZIP	FLANAGAN, TOZIA	CITY-ST-ZIP	
	714 SW 51 TER.		
	CAPE CORAL, FL 33914		
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	D
			Polistock, Dexter
			10 Bx46
			Chamberlain, ME 04541
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	D
			Smyth, Margaret
			804 Mohawk Pkwy. #102
			Cape Coral, FL 33914
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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: Brenda Baker by Michelle Rossman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Brenda Baker		4/25/07 239-443-1091 <small>Date Daytime Phone #</small>	