2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # N09713 1. Entity Name NAUTILUS COMMUNITY ASSOCIATION, INC.					Secretary of State 05-02-2008 90180 003 ****61.25			
Principal Place of Business 660 NAUTILUS CT. FT. WALTON BCH., FL 32548 Mailing Address 660 NAUTILUS CT. FT. WALTON BCH., FL 32548 FT. WALTON BCH., F			548				[
2. Principal Place of Busine	ailing Address		i i i i i i i i i i i i i i i i i i i					
		Suite, Apt. #, etc.		04242008 C	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-25542	05	No	oplied For ot Applicable	
Zip	Country Z	ip	Country	5. Certificate of S	Status Desired	□ \$8.75 Add Fee Require	ditional d	
6. Name and Address of Current Registered Agent Name			Name	7. Name and Ad	7. Name and Address of New Registered Agent			
MOORE, GLYNN				reet Address (P.O. Box Number is Not Acceptable)				
			City	ity FL Zip Code				
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 Signature required when religitations of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when religitations) DATE								
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	M Flori	ake check payable to da Department of St	o	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG		RS AND DIRECTORS IN		
· ·	ILL LUS COURT N BCH, FL 32548	⊠ Delate	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
STREET ADDRESS 660 NAUTI	ISING, DON		TITLE NAME STREET ADDRESS CITY-ST-ZIP			√ Change	☐ Addition	
STREET ADDRESS 660 NAUTI	POPHAM, JACK EET ADDRESS 660 NAUTILUS COURT		TITLE NAME STREET ADDRESS CITY-ST-ZIP			⊠ Change	Addition	
STREET ADDRESS 660 NAUTI	YELL, GEORGE 660 NAUTILUS COURT FORT WALTON BEACH, FL 32548		NAME STREET ADDRESS CITY-ST-ZIP	?		⊡ Change	☐ Addition	
NAME SCHMIDT, STREET ADDRESS 660 NAUTIL CITY-ST-ZIP FORT WAL		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the i	nformation supplied with this filing	Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Malpass HI-1139 Quent Jaulte Ste Ma	Street E	Change Change Change	PleAbox	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-0 p

Daytime Phone #