

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09713

FILED
Jan 06, 2009
Secretary of State

Entity Name: NAUTILUS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

660 NAUTILUS CT.
FT. WALTON BCH., FL 32548

New Principal Place of Business:

Current Mailing Address:

660 NAUTILUS CT.
FT. WALTON BCH., FL 32548

New Mailing Address:

FEI Number: 59-2554205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, GLYNN
660 NAUTILUS CT
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MOORE, GLYNN F MANAGER
660 NAUTILUS CT
FORT WALTON BEACH, FL 32548 US

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: GLYNN F. MOORE

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ISING, DON
Address: 660 NAUTILUS CT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P () Delete
Name: POPHAM, JACK
Address: 660 NAUTILUS COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: YELL, GEORGE
Address: 660 NAUTILUS COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T () Delete
Name: MALPASS, BILL
Address: PH1-1139 QUAN STREET E
City-St-Zip: SAULTE STE MARIE, ONTARIO, CA P6A 6U5

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CASPERSON, TOM
Address: 4501 MOUNTAIN SPRINGS RD.
City-St-Zip: GLENWOOD SPRING, CO 81601 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLYNN F. MOORE

MAN

01/06/2009

Electronic Signature of Signing Officer or Director

Date