


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #N36478</b>	
1. Entity Name N.A.U.S. HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 1047 SAN MATEO, FL 32187 US	Mailing Address P.O. BOX 1047 SAN MATEO, FL 32187 US
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04072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3060679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NANCY L. OSTEEN 133 DIVI DIVI DRIVE SAN MATEO, FL 32187
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**DO NOT WRITE IN THIS SPACE**

6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000502900 04/26/06-80011-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, JANICE 145 DIVI DIVI DRIVE SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PETRIE, JOHN 128 DIVI DIVI DRIVE SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, NANCY L 133 DIVI DIVI DR SAN MATEO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Nancy L. Osteen, Sec/Pres 4/7/06 386-325-3071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #