


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 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	



04122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3060679	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

NANCY L. OSTEEN  
133 DIVI DIVI DRIVE  
SAN MATEO, FL 32187

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	VPD 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-30035-025 61-25

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

386-325-3071

Daytime Phone