## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # N36478  1. Entity Name N.A.U.S. HOMEOWNERS ASSOCIATION, INC.					04-11-2008	•			
Principal Place of Business P.O. BOX 1047 SAN MATEO, FL 32187 US  Mailing Address P.O. BOX 1047 SAN MATEO, FL 32187 SAN MATEO, FL 32187		US		! <b>! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>	UHO CIRI GÎDI) JOÎTÎ	I 1811 Birli Birli bir	II <b>3:311 Gibii Gib</b> i	FIDE ON LITEL	
Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04012008	Chg-NP	CR2E03	37 (12/06)		
City & State	City & State	City & State		4. FEI Number 59-3060	679		<del></del>	plied For t Applicable	
Zip Country	Zip 	Country		5. Certificate o			\$8.75 Add Fee Required	litional, ,,	
6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of Nev	v Registered /	Agent		
NAMOVI OCTEEN			Name   Outs a 11 () stains						
NANCY L. OSTEEN 133 DIVI DIVI DRIVE SAN MATEO, FL 32187			Street Address (P.O. Box Number is Not Acceptable)						
			13	3 Di	yi D	ivil	1-i'v		
			San Mateo FL 32187						
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE  SIGNATURE  A  SIGNATURE  SIGNATUR	1. Ostean	·				4/7	08	- · ·	
Signature, typed or printed name of registered age	m and title if applicable. (NOTE: R	Registered Agent signal	ure required	when reinstating)		DATE			
Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	paign Financing		\$5.00 May Be Added to Fees	.ស.ជា F	Make check lorida Depar	tment of St	tate	
Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND D	9. Election Camp Trust Fund Cor	paign Financing		\$5.00 May Be Added to Fees	r.,5; F. NGES,TO OFFI	lorida Depar	tment of St	tate	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Forda Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orabit; 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: SUBJECT AND STATES AND STA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR