2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N93000002977

Entity Name: NASSAU POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1160-1190 NASSAU ST
DELRAY BCH, FL 33483

New Principal Place of Business:

Current Mailing Address:

PO BOX 3097
BOYNTON BEACH, FL 334243097

New Mailing Address:

FEI Number: 65-0422361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANAGEMENT PROCAM INC
8887-B THUMBWOOD CIRCLE
BOYNTON BEACH, FL 33236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SCHUELE, ROBERT
Address: 1170 NASSAU ST
City-St-Zip: DELRAY BCH, FL 33483

Title: VPD ( ) Delete
Name: MARRA, JAMIE
Address: 1190 NASSAU ST
City-St-Zip: DELRAY BCH, FL 33483

Title: D ( ) Delete
Name: GREENE, JUDITH
Address: 1160 NASSAU ST
City-St-Zip: DELRAY BCH, FL 33483

Title: TD ( ) Delete
Name: GALLIVAN, SCOTT
Address: 1180 NASSAU ST
City-St-Zip: DELRAY BCH, FL 33483

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE MARRA VPD 04/17/2006

Electronic Signature of Signing Officer or Director — Date