2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90054 027 ****61.25

DOCUMENT # N95000004611

1. Entity Name

NAUTICA SOUND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% 4301 OAK CIRCLE SUITE 23 BOCA RATON FL 33431	% 4301 OAK CIRCLE SUITE 23 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Glen Management Services	c/o Glen Management Services
Suite, Apt. #, etc.: 301 W. Camino Gardens Blvd, #200	Suite, Apt. #, etc.: P.O. Box 1390
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33429 Country: USA

4. FEI Number: 65-0703947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLEN, ANDY 4301 OAK CIRCLE SUITE 23 BOCA RATON FL 33431	Name: SAME Street Address (P.O. Box Number is Not Acceptable): c/o Glen Management Services 301 W. Camino Gardens Blvd, #200 City: BOCA RATON FL Zip Code: 33432

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.

SIGNATURE: A. Glen 2/2/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOUGLAS, CLAY 3698 POTOMAC PL BOYNTON BCH FL ~~33462~~ 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KUNIN, DENNIS 3622 STRATTON LANE BOYNTON BCH FL ~~33462~~ 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HART, JODI 3646 HUDSON LANE BOYNTON BEACH FL 33436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WORTHINGTON, BOODE 7079 CHESAPEAKE CIR BOYNTON BCH FL ~~33462~~ 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES-BROWN, BARBARA B 3870 NEWPORT AVE BOYNTON BCH FL ~~33462~~ 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWENTHAL, HAROLD 7223 CHESAPEAKE CIR BOYNTON BCH FL ~~33460~~ 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 1/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #