NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90448 020 ****61.25

DOCUMENT # N95000004611

1. Entity Name

Nautica Sound HOA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
951 Broken Sound	
Suite, Apt. #, etc.: Parkway #250	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State
Zip: 33487 Country: Palm Bch	Zip Country

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel Messinger

Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Parkway #250

City: Boca Raton FL Zip Code: 33487

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: Joel Messinger
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	Helene Guarino
STREET ADDRESS	7188 Chesapeake Circle
CITY-ST-ZIP	Boynton Bch, FL 33436
TITLE	VPD
NAME	Lillian Furst
STREET ADDRESS	7304 Providence Rd
CITY-ST-ZIP	Boynton Bch, FL 33436
TITLE	D
NAME	Adam Arizpe
STREET ADDRESS	7090 Chesapeake Circle
CITY-ST-ZIP	Boynton Bch, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Helene Guarino 4/29/02 561-574-8242
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR