


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-11-2008 90045 007 \*\*\*\*61.25

<b>DOCUMENT # N98000006648</b>					
<b>1. Entity Name</b> NAUTICA COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3691 S.W. 164 AVENUE MIRAMAR, FL 33027			<b>Mailing Address</b> C/O MIAMI MANAGEMENT, INC. 3691 SW 164 AVENUE MIRAMAR, FL 33027		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1044068	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH STREET, SUITE 202 FORT LAUDERDALE, FL 33309					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> KIRKLAND, LESLIE VPD	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> DON HILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 16903 S.W. 34 ST.	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027		<b>STREET ADDRESS</b> 3405 SW 1101 Terrace	<b>CITY-ST-ZIP</b> Miramar, FL 33027	
<b>TITLE</b> D	<b>NAME</b> MURCIANO, RAUL PD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> SCOTT NELSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 16801 S.W. 36 COURT	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027		<b>STREET ADDRESS</b> 17033 SW 33 CT	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	
<b>TITLE</b> S	<b>NAME</b> RUBIO, JOSE	<input type="checkbox"/> Delete	<b>TITLE</b> S	<b>NAME</b> RUBIO, JOSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3906 SW 171 TERRACE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027		<b>STREET ADDRESS</b> 3906 SW 171 TERRACE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	
<b>TITLE</b> P	<b>NAME</b> LARA, PATRICIA	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> LARA, PATRICIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3421 SW 170TH AVE	<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33027		<b>STREET ADDRESS</b> 3421 SW 170TH AVE	<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33027	
<b>TITLE</b> T	<b>NAME</b> DOMINGUEZ, RICHARD	<input type="checkbox"/> Delete	<b>TITLE</b> T	<b>NAME</b> DOMINGUEZ, RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3691 SW 164TH AVE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027		<b>STREET ADDRESS</b> 3691 SW 164TH AVE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	
<b>TITLE</b> D	<b>NAME</b> GARBAN, GLADYS	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> WILLIAM DEVAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3820 SW 170 AVE	<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33027		<b>STREET ADDRESS</b> 3809 SW 147 AVENUE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					