

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 717401**

1. Entity Name

AQUARIUS CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90086 005 ****61.25

Principal Place of Business

Mailing Address

**2751 S OCEAN DRIVE
HOLLYWOOD FL 33019****2751 S OCEAN DRIVE
HOLLYWOOD FL 33019****RU011330**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1445052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEISSMAN, SEYMOUR
2751 S. OCEAN DR., 1703-S
HOLLYWOOD FL 33019**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VPD				V.P.		
	LISTER, JERRY	2751 S. OCEAN DR., #506-S	HOLLYWOOD FL		FULLER, ANN	2751 So. Ocean Dr # 302-S	HOLLYWOOD, FL. 33019
	D				SEC.		
	GROSS, LORRAINE	2751 S. OCEAN DR., #306-S	HOLLYWOOD FL		DiAmico, ALBA	2751 So. Ocean Dr # 508-S	HOLLYWOOD, FL. 33019
	STD						
	SMITH, SHARON	2751 S. OCEAN DR., #602-S	HOLLYWOOD FL				
	D						
	FINKELSTEIN, MICHAEL	2751 S. OCEAN DR., #203-N	HOLLYWOOD FL				
	PD						
	WEISSMAN, SEYMOUR	2751 S. OCEAN DR., #1703-S	HOLLYWOOD FL				

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:

ALBA P. D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/22/01
Date954-925-7924
Daytime Phone #

CF 25037 (10/00)