

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:04

**DOCUMENT # 718857 (6)**  
1. Corporation Name  
**THE AQUARIUS APARTMENTS OF MARCO ISLAND, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
MARCO ISLAND INC 167 N COLLIER BLVD MARCO ISLAND FL 33937		MARCO ISLAND INC 167 N COLLIER BLVD MARCO ISLAND FL 33937		07/14/1970	05/01/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For / Not Applicable
21		26		59-1372658	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> <b>FILING FEE IS \$61.25</b>
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCUDERI, SALVATORE C 909 N COLLIER BLVD MARCO ISLAND FL 33937				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZLACK, CHARLES R.	12 NAME	
STREET ADDRESS	167 N. COLLIER BLVD #N10	13 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHERN, JOHN D.	22 NAME	
STREET ADDRESS	167 N. COLLIER BLVD. (U-6)	23 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAITA, CARMEN J	32 NAME	
STREET ADDRESS	241 GRANT AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	TOTOWA N.	34 CITY - ST - ZIP	
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPP, JOHN W	42 NAME	
STREET ADDRESS	167 N COLLIER BLVD (P-1)	43 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Charles R. Mazlack Date: 6/6/95 (941) 394-7141  
Charles R. Mazlack, VP

CFR2E037 (3/95)