

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **MARCO ISLAND INC, 167 N COLLIER BLVD, MARCO ISLAND FL 33937**
Mailing Address: **MARCO ISLAND INC, 167 N COLLIER BLVD, MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified: **07/14/1970**
3a. Date of Last Report: **06/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-1372658	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZLACK, CHARLES R.	1.2 NAME	
STREET ADDRESS	167 N. COLLIER BLVD #N10	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHERN, JOHN D.	2.2 NAME	AHERN, JOHN D.
STREET ADDRESS	167 N. COLLIER BLVD. (U-6)	2.3 STREET ADDRESS	167 N. COLLIER BLVD. (U-6)
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAITA, CARMEN J	3.2 NAME	
STREET ADDRESS	241 GRANT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOTOWA N.	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPP, JOHN W	4.2 NAME	
STREET ADDRESS	167 N COLLIER BLVD (P-1)	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VESPUCCI, DOROTHY
STREET ADDRESS		5.3 STREET ADDRESS	167 N. COLLIER BLVD. (S-5)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Vespucci* February 2, 1996 (941)394-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Dorothy Vespucci, Secretary-Treasurer** Date: _____ Daytime Phone #: _____

CR2E037 (12/95)