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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

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DOCUMENT # 718857

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/14/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1372658

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **ENGEL, MICHAEL**
CITY-ST-ZIP **P O BOX 1254 N/A**
OGUNQUIT ME 03907

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **LAPIER, KENNETH**
CITY-ST-ZIP **P O BOX N/A**
WEST DENNIS MA 02670

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **GAITA, CARMEN J**
CITY-ST-ZIP **241 GRANT AVENUE**
TOTOWA NJ 07512

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **STD**
STREET ADDRESS **VESPUCCI, DOROTHY**
CITY-ST-ZIP **167 N COLLIER BLVD (S-5)**
MARCO ISLAND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **Hollenbeck, Dorothy B.**
CITY-ST-ZIP **1115 Appleford Drive**
Seabrook, TX 77586

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Dorothy B. Hollenbeck 10-28-99 (941) 394-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)