

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90087 043 \*\*\*\*61.25

**DOCUMENT # 718857**

1. Entity 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 FLA 34145-3205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1372658**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCUDERI, SALVATORE C  
 909 N COLLIER BLVD  
 MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGEL, MICHAEL	
STREET ADDRESS	P O BOX 1254 N/A	
CITY-ST-ZIP	OGUNQUIT ME 03907	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAPIER, KENNETH	
STREET ADDRESS	P O BOX N/A	
CITY-ST-ZIP	WEST DENNIS MA 02870	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAITA, CARMEN J	
STREET ADDRESS	241 GRANT AVENUE	
CITY-ST-ZIP	TOTOWA NJ 07512	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Kennedy	
STREET ADDRESS	111 First Parish Rd.	
CITY-ST-ZIP	Scituate, MA 02066	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy B. Hollenbeck	
STREET ADDRESS	1115 Appleford Drive	
CITY-ST-ZIP	Seabrook, TX 77586	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Ahern	
STREET ADDRESS	167 N. Collier Blvd (U-5)	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Signature of Dorothy B. Hollenbeck* 1/21/00

(941)394-7141