
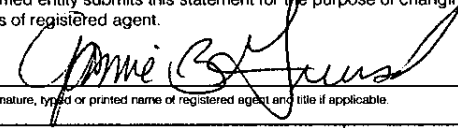
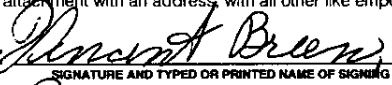


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90257 008 ****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, FL 33937		
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCUDERI, SALVATORE C 909 N COLLIER BLVD MARCO ISLAND, FL 33937			Name JAMIE GREUSEL		
			Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BLVD		
			City MARCO ISLAND FL Zip Code 34145		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)		DATE 4/20/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, JEAN		NAME	DOROTHY HOLLENBECK	
STREET ADDRESS	111 FIRST PARISH RD		STREET ADDRESS	167 N. COLLIER BLVD	
CITY-ST-ZIP	SCITUATE, MA 02066		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPP, JOHN W		NAME	MARILYN HINE	
STREET ADDRESS	167 N. COLLIER BLVD. (P-1)		STREET ADDRESS	167 N. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, JOSEPH G		NAME	VINCENT BREEN	
STREET ADDRESS	167 N COLLIER BLVD		STREET ADDRESS	167 N. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMIER, NANCY		NAME		
STREET ADDRESS	167 N. COLLIER J5		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		VINCENT BREEN		04-20-04 239-394-5810	
PRESIDENT				Date Daytime Phone #	