


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90041 013 ****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



02032006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1372658	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREUSEL, JAMIE
1104 N COLLIER BLVD.
MARCO ISLAND, FL 34145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLENBECK, DOROTHY 167 N COLLIER BLVD. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAS WHITE, WILLIAM D 2310 DELLA DR. NAPLES, FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREEN, VINCENT 167 N COLLIER BLVD. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORMIER, NANCY 167 N. COLLIER J5 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, GEORGE 1505 WESTSHIRE MARTINSVILLE, IN 46151	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	John D. Gibson 9791 S.W. 132nd TERRACE MIAMI, FL 33176 (1ST V.P.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM WHITE, Prop. Mgr. 2310 DELLA DR. NAPLES, FL 34117 (SECRETARY)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAURENE SZKATULSKI 1534 SUNSET RIDGE Rd., GLENVIEW, IL 60025 (PRES.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth Rydberg 10 Edgewood Rd., VERNON HILLS, IL 60061 (TREASURER)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Napoli 8 PULLMAN DR. HOLLIS, NH 03049 (2nd V.P.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Anthony Napoli 2nd Vice President* 2/6/06 (239) 394-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #