

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769065

FILED
Apr 26, 2007
Secretary of State

Entity Name: AQUARINA COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

235 HAMMOCK SHORE DR
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

235 HAMMOCK SHORE DR
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-2378001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN
2500 N. MILITARY TRAIL
#490
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LEVINE, JAY STEVEN
2500 N. MILITARY TRAIL
#283
BOCA RATON, FL 33431 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEVY, ROBERT A
Address: 6400 CONGRESS AVENUE, SUITE 2000
City-St-Zip: BOCA RATON, FL 33487

Title: P () Delete
Name: SADKIN, MARTIN
Address: 235 HAMMOCK SHORE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Delete
Name: KAUFFMAN, GEORGIA
Address: 235 HAMMOCK SHORE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: BRUNO, HERBERT
Address: 260 HAMMOCK SHORE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: RUPPERT, LOUIS
Address: 384 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA KAUFFMAN

S

04/26/2007

Electronic Signature of Signing Officer or Director

Date