

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90191 039 \*\*\*\*61.25

**DOCUMENT # 769065**

1. Entity Name  
**AQUARINA COMMUNITY SERVICES ASSOCIATION, INC.**

Principal Place of Business: **235 HAMMOCK SHORE DR MELBOURNE BEACH FL 32951**  
Mailing Address: **235 HAMMOCK SHORE DR MELBOURNE BEACH FL 32951**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

6. Name and Address of Current Registered Agent  
~~BATES, JAMES~~  
~~235 HAMMOCK SHORE DR.~~  
~~MELBOURNE BEACH FL 32951~~

7. Name and Address of New Registered Agent  
Name: Jay Steven Levine  
Street Address (P.O. Box Number is Not Acceptable): 2500 No Military Trail # 490  
Boca Raton FL  
City: FL Zip Code: 33431

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: [Signature] (NOTE: Registered Agent signature required when reinstating)  
DATE: 2/19/03



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2378001** Applied For:  Not Applicable:

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

9. Election Campaign Financing Trust Fund Contribution.  \$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: PD NAME: BATES, JAMES STREET ADDRESS: 235 HAMMOCK SHORE DR CITY-ST-ZIP: MELBOURNE BEACH FL	<input type="checkbox"/> Delete	TITLE: DT NAME: Geach, Richard L STREET ADDRESS: 290 Hammock Shore Drive CITY-ST-ZIP: Melbourne Beach, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DST NAME: KAUFFMAN, GEORGIA STREET ADDRESS: 235 HAMMOCK SHORE DR CITY-ST-ZIP: MELBOURNE BEACH FL	<input type="checkbox"/> Delete	TITLE: DVP NAME: Ruppert, Louis STREET ADDRESS: 384 Aquarina Blvd. CITY-ST-ZIP: Melbourne Beach, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MCMULLEN, THOMAS STREET ADDRESS: 208 OSPERY VILLUS CITY-ST-ZIP: MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Sadkin, S. Martin STREET ADDRESS: 235 Hammock Shore Drive CITY-ST-ZIP: Melbourne beach, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: DS NAME: Kauffman, Georgia STREET ADDRESS: 235 Hammok Shore Drive CITY-ST-ZIP: Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE: 2/11/03

CR2E037 (10/02)