

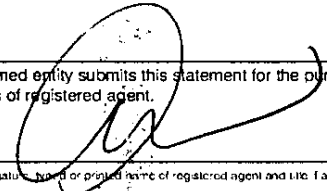
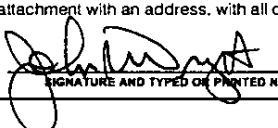


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90025 020 \*\*\*\*61.25

<b>DOCUMENT # N04000007518</b> 1. Entity Name ACQUILUS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1699 SOUTH 14TH STREET SUITE 5 FERNANDINA BEACH, FL 32034			Mailing Address POST OFFICE BOX 15388 FERNANDINA BEACH, FL 32035		
2. Principal Place of Business 917 1 <sup>ST</sup> STREET N. Suite, Apt. #, etc. # 205		3. Mailing Address 917 1 <sup>ST</sup> STREET N., Suite, Apt. #, etc. # 205			
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL		4. FEI Number 20-1428308	
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name <u>ANN K. SMITH, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>550 WATER ST., STE. 1150</u> City <u>JACKSONVILLE</u> FL Zip Code <u>32202</u>		
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 				DATE <u>2/13/06</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR DARYL A ELKENS 917 1 <sup>ST</sup> STREET N., #205 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR SCOTT A ATWOOD 917 1 <sup>ST</sup> STREET N., #205 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, TREASURER, DIRECTOR JOHN R WRIGHT 917 1 <sup>ST</sup> STREET N., #205 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PERRY L HAVENNER 917 1 <sup>ST</sup> STREET N., #205 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOROTHY Y LUCAS 917 1 <sup>ST</sup> STREET N., #205 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 				DATE <u>2/13/06</u> 904 781 8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	