

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007518

FILED
Feb 20, 2009
Secretary of State

Entity Name: ACQUILUS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

917 1ST ST N
SUITE 205
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

917 1ST ST N
SUITE 205
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-1428308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANN K ESQ
550 WATER ST STE 1150
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCAS, DEE
Address: 5135 SR 13 N
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD () Delete
Name: MOIR, PAUL
Address: 917 1ST ST. N. 703
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD () Delete
Name: WRIGHT, JOHN R
Address: 917 1ST ST N 205
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD () Delete
Name: HAVENER, PERRY L
Address: 917 1ST ST N 205
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD () Delete
Name: LICHTY, LYN
Address: 917 1ST ST N 203
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LUCAS, DEE
Address: 5135 SR 13 N
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD (X) Change () Addition
Name: MOIR, PAUL
Address: 917 1ST ST. N. 703
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD (X) Change () Addition
Name: ACKLEY, PHIL
Address: 917 1ST ST N 404
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD (X) Change () Addition
Name: HAVENER, PERRY L
Address: 917 1ST ST N 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change () Addition
Name: ROBBINS, TOM
Address: 917 1ST ST N 801
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: REGINALD L. DAVIS

MGR

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date