

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007518

FILED  
Jan 08, 2010  
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: SD  
Name: LUCAS, DEE  
Address: 5135 SR 13 N  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

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

Title: PD  
Name: ROBBINS, TOM  
Address: 917 1ST ST N 801  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D  
Name: WOODS, DAVID  
Address: 168 UNIVERSITY BLVD N  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: REGINALD L. DAVIS

MGR

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date