

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717401 (4)

1. Corporation Name

AQUARIUS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2751 S OCEAN DRIVE
HOLLYWOOD, FL . 33019

2751 S OCEAN DRIVE
HOLLYWOOD, FL . 33019

3. Date Incorporated or Qualified
10/21/1969

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERGER, BERNARD J.
2751 SOUTH OCEAN DRIVE, #1404-NO
HOLLYWOOD FL 33019

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	GEGERSON, PHYLLIS	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FROST, PAUL	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDBERGER, BERNARD J.	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DREILING, MURIEL	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ACKERMAN, LIBBY	
STREET ADDRESS	2751 S. OCEAN DRIVE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carpi, Samuel	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel Carpi
Samuel Carpi

4/1/98

954-921-7924

CR2E037 (12/95)