

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90221 014 \*\*\*\*61.25

<b>DOCUMENT # N05000008429</b> 1. Entity Name <b>ACQUALINA OCEAN RESIDENCES &amp; RESORT CONDOMINIUM ASSOCIATION, INC</b>					
Principal Place of Business <b>4000 ISLAND BLVD, SUITE PH2 WILLIAMS ISLAND, FL 33160</b>				Mailing Address <b>4000 ISLAND BLVD, SUITE PH2 WILLIAMS ISLAND, FL 33160</b>	
2. Principal Place of Business - No P.O. Box # <b>17885 Collins Ave.</b>		3. Mailing Address <b>17885 Collins Ave</b>			
Suite, Apt. #, etc. <b>Condominium Office</b>		Suite, Apt. #, etc. <b>Condominium Office</b>			
City & State <b>Sunny Isles Beach</b>		City & State <b>Sunny Isles Beach, FL</b>			
Zip <b>33160</b>		Country <b>Miami-Dade</b>		Zip <b>33160</b>	
Country <b>Miami-Dade</b>		4. FEI Number <b>20-3321083</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MATUS, ALAN M 4000 ISLAND BLVD, SUITE PH2 WILLIAMS ISLAND, FL 33160</b>				7. Name and Address of New Registered Agent  <b>TANIA ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 17885 Collins Avenue Condominium Office City Sunny Isles Beach, FL Zip Code 33160</b>	
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 <b>Tania alexander</b> DATE <b>4-16-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MATUS, ALAN M 4000 ISLAND BLVD, SUITE 301 WILLIAMS ISLAND, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jay Mazen 17885 Collins Ave Apt # 2106 Sunny Isles Beach FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TRUMP, STEPHANIE 4000 ISLAND BLVD, SUITE PH2 WILLIAMS ISLAND, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Giancarlo Coffia 17885 Collins Ave Apt # 506 Sunny Isles Beach FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIEB, JAMES M 4 STAGE COACH RUN E. BRUNSWICK, NJ 08816	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Gwen Margolis 17885 Collins Ave Apt # 802 Sunny Isles Beach FL 33160	<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
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
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: <b>JAY MAZEN, President</b> DATE <b>4-3-07</b> DAYTIME PHONE # <b>305-918.6905</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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