2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 717401

1. Entity Name

AQUARIUS CONDOMINIUM ASSOCIATION, INC.



FILED Mar 06, 2008 08:00 A Secretary of State

Principal Place of Burless										
Charge Place of Business No P.O. Box # 3. Mailing Address	Principal Plac	e of Business	Mailing Address						-	
2. Principal Process Business - No P.O. Box # 3. Mailting Activess Suite. Apt #, etc.	2751 S OCEAN DRIVE HOLLYWOOD FL 33019									
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			{	DOI 16812 LOOTA DIDII BEIDE LLOS BLOLE	BIBII BIBII BIBII BIBII BIB		
Secretary Secr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1st M	OORE CR2E	037 (10/07)		
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CHASE, ARKADY 2751 S. OCEAN DR. PHS N HOLLYWOOD FL 33019 8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociopt the obligations of	Z _i p Country		Zip Co.a		:ntry	5. Cartificate of Status Desired S8.75 Additional				
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B. The above named entity submits this statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida. Term lamilier with, and accept the obligations of registered agent. SIGNATURE Signature	2751 S. OCEAN DR.				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with, and accept the state of Florids. Tam lamiliar with accept th					City			EI Zip Cod	е	
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indicated on this report or supplicamental report is true and docurate and that my signature shall have the same legal effect as if made under oam; 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:

Machelare

PRES

2/21/08