

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718857

**FILED**  
**Mar 27, 2019**  
**Secretary of State**  
**1617043863CC**

**Entity Name:** AQUARIUS OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

AQUARIUS OF MARCO ISLAND, INC.  
167 N COLLIER BLVD  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

AQUARIUS OF MARCO ISLAND, INC.  
167 N COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**FEI Number:** 59-1372658

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREUSEL, JAMIE  
1104 N COLLIER BLVD.  
MARCO ISLAND, FL 34145 US

*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

**Officer/Director Detail :**

Title           PRES  
Name           NAPOLI, ANTHONY  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

Title           TRES  
Name           RYDBERG, KENNETH  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

Title           DIR  
Name           CHRIS, JOHN  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

Title           SEC  
Name           MULDOON, KEVIN  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

Title           DIRECTOR  
Name           SMITH, GEORGE  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

Title           DIR  
Name           BRUNI, PHIL  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

Title           VP  
Name           ARMINIO, JOE  
Address        979 NORTH COLLIER BLVD  
City-State-Zip: MARCO ISLAND FL 34145

*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:** KEVIN MULDOON

**SECRETARY**

**03/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date