

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718857

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 VP
Name SARA, JOHN
Address 1000 NORTH COLLIER BLVD
SUITE 9
City-State-Zip: MARCO ISLAND FL 34145

Title TRES
Name RYDBERG, KENNETH
Address 1000 NORTH COLLIER BLVD
SUITE 9
City-State-Zip: MARCO ISLAND FL 34145

Title DIR
Name CHRIS, JOHN
Address 1000 NORTH COLLIER BLVD
SUITE 9
City-State-Zip: MARCO ISLAND FL 34145

Title SEC
Name MULDOON, KEVIN
Address 1000 NORTH COLLIER BLVD
SUITE 9
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name SMITH, GEORGE
Address 1000 NORTH COLLIER BLVD
SUITE 9
City-State-Zip: MARCO ISLAND FL 34145

Title DIR
Name LAMBRECH, MATT
Address 1000 NORTH COLLIER BLVD
SUITE 9
City-State-Zip: MARCO ISLAND FL 34145

Title PRESIDENT
Name ARMINIO, JOE
Address 1000 NORTH COLLIER BLVD
SUITE 9
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****01/30/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date