

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769065

Entity Name: AQUARINA COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

450 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951

Current Mailing Address:

450 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951

FEI Number: 59-2378001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
420 S. ORANGE AVENUE
SUITE 700
ORLANDO, FL 32801 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 BRUNS, ANN
Address 863 AQUARINA BLVD
City-State-Zip: MELBOURNE BEACH FL 32951

Title PRESIDENT
Name POLLOCK, PATRICK
Address 140 WARSTEINER WAY #304
City-State-Zip: MELBOURNE BEACH FL 32951

Title SECRETARY
Name MILLER, JOHN
Address 214 OSPREY VILLAS COURT
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER
Name HELMER, DALE
Address 130 WARSTEINER WAY #401
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name MCRAE, NANCY
Address 354 AQUARINA BLVD
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name CAPPS, STEWART
Address 320 HAMMOCK SHORE DRIVE
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name BAKER, DAVID
Address 202 OSPREY VILLAS CT
City-State-Zip: MELBOURNE BEACH FL 32951

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: JOHN MILLER

SECRETARY

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date