

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

DOCUMENT# 769065

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**5520150738CC**

**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:**

ARIAS BOSINGER, PLLC  
140 N. WESTMONTE DR., STE. 203  
ALTAMONTE SPRINGS, FL 32714 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:** SONIA BOSINGER, ESQ.

04/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            POLLOCK, PATRICK  
Address        140 WARSTEINER WAY #304  
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            VICE PRESIDENT  
Name            BAKER, DAVID  
Address        202 OSPREY VILLAS CT  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            SECRETARY  
Name            VROTSOS, DARLENE  
Address        859 AQUARINA BLVD  
City-State-Zip: MELBOURNE FL

Title            DIRECTOR  
Name            MATTHEWS, JAMES  
Address        290 HAMMOCK SHORE DR  
City-State-Zip: MELBOURNE 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:** PATRICK POLLOCK

**PRESIDENT**

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date