## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007518

Entity Name: ACQUILUS CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 07, 2020 **Secretary of State** 9075307698CC

## **Current Principal Place of Business:**

917 1ST ST N SUITE 205

JACKSONVILLE BEACH, FL 32250

## **Current Mailing Address:**

917 1ST ST N SUITE 205

JACKSONVILLE BEACH, FL 32250

FEI Number: 20-1428308 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 100 WHETSTONE PLACE SUITE 302 ST. AUGUSTINE, FL 32086 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.

Title

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

D, SECRETARY Title

COSTON, SANDY Name

Address 917 NORTH 1ST STREET

#404

JACKSONVILLE BEACH FL 32250 City-State-Zip:

Title PD, PRESIDENT

Name FORET, WAYNE

917 1ST ST N UNIT # 302 Address

JACKSONVILLE BEACH FL 32250 City-State-Zip:

Title DIRECTOR

BATES, RICHARD L Name

Address 917 NORTH 1ST STREET

#1101

JACKSONVILLE BEACH FL 32250 City-State-Zip:

**VPD** Name JAKABCSIN, MARK

917 1ST ST N UNIT # 502 Address

JACKSONVILLE BEACH FL 32250 City-State-Zip:

Title TREASURER, DIRECTOR

Name WIND, TRACY

917 1ST ST N UNIT # 801 Address

City-State-Zip: JACKSONVILLE BEACH FL 32250

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.

02/07/2020 SIGNATURE: WAYNE FORET **PRESIDENT**