

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007518

**Entity Name:** ACQUILUS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC6923474083**

**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:**

SMITH, ANN KESQ  
1035 LASALLE STREET  
JACKSONVILLE, FL 32207 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 D  
Name LUCAS, DEE  
Address 5135 STATE ROAD 13 NORTH  
City-State-Zip: ST. AUGUSTINE FL 32092

Title TD  
Name LICHTY, KIRK W  
Address 917 1ST ST. N. UNIT #203  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VPD  
Name RICHTER, JERRY  
Address 917 1ST ST N UNIT # 401  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title PD  
Name WOODS, DAVID DR.  
Address 917 1ST ST N UNIT # 904  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title SD  
Name CREWS, TRACY  
Address 917 1ST ST N UNIT # 1104  
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.*

**SIGNATURE: DAVID WOODS**

**PD**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date