

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

DOCUMENT# N04000007518

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

**FILED**  
**May 22, 2019**  
**Secretary of State**  
**7008074329CC**

**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.*

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

Title PD, PRESIDENT  
Name FORET, WAYNE  
Address 917 1ST ST N UNIT # 302  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title SD, SECRETARY  
Name WIND, TRACY  
Address 917 1ST ST N UNIT # 801  
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: WAYNE FORET**

**PRESIDENT**

**05/22/2019**

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

\_\_\_\_\_  
Date