

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 20 AM 8:22

**DOCUMENT # 717401 (4)**

1. Corporation Name  
**AQUARIUS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
2751 S OCEAN DRIVE HOLLYWOOD, FL. 33019 2751 S OCEAN DRIVE HOLLYWOOD, FL. 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/21/1969	04/29/1994
4. FEI Number	Applied For / Not Applicable
59-1445052	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent  
**GOLDBERGER, BERNARD J.  
2751 SOUTH OCEAN DRIVE, #1404-ND  
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	STEIN, SOL
STREET ADDRESS	2751 S OCEAN DR
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	PD
NAME	FROST, PAUL
STREET ADDRESS	2751 S OCEAN DR
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	TD
NAME	GOLDBERGER, BERNARD J.
STREET ADDRESS	2751 S OCEAN DR
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	SD
NAME	DREILING, MURIEL
STREET ADDRESS	2751 S OCEAN DR
CITY - ST - ZIP	HOLLYWOOD, FL 00000
TITLE	ATD
NAME	ACKERMAN, LIBBY
STREET ADDRESS	2751 S. OCEAN DRIVE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PHYLLIS GEGERSON	
13 STREET ADDRESS	2751 S. OCEAN DR	
14 CITY - ST - ZIP	HOLLYWOOD, FL 33019	
21 TITLE	Chairman / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Libby Ackerman 6/14/95 921-7924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Libby Ackerman

CR2E037 (3/95)