

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717401 (4)

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



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

3. Date Incorporated or Qualified: 10/21/1969  
3a. Date of Last Report: 06/20/1995  
4. FEI Number: 59-1445052  
Applied For: 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

GOLDBERGER, BERNARD J.  
2751 SOUTH OCEAN DRIVE, #1404-NO  
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  
FL 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	GEGERSON, PHYLLIS	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FROST, PAUL	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDBERGER, BERNARD J.	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DREILING, MURIEL	
STREET ADDRESS	2751 S OCEAN DR	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ACKERMAN, LIBBY	
STREET ADDRESS	2751 S. OCEAN DRIVE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carpi, Samuel	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Samuel Carpi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/98

Date

954-921-7924

Daytime Phone #

CR2E037 (12/95)