

5/24/200

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 717401

1. Entity Name

AQUARIUS CONDOMINIUM ASSN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2751 S. OCEAN DR.

3. Mailing Address

SAME

State, Apt. #, etc.

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL.

City & State

4. FEI Number

62-0859006

Applied For
Not Applicable

Zip

33019

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name - BARBARA SACCO

Street Address (P.O. Box Number is Not Acceptable)

2751 S. OCEAN DRIVE 303-S

City - HOLLYWOOD FL

Zip Code 33019

8. 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

Barbara Sacco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

FEE IS \$81.25
Initial or Amended UBR

9. Election Campaign Financing -
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	BARBARA SACCO	NAME	
STREET ADDRESS	2751 S. OCEAN DR.	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL. 33019 D	CITY-STATE-ZIP	D
TITLE	VICE PRESIDENT	TITLE	
NAME	JOANNE WILLOUGHBY	NAME	
STREET ADDRESS	2751 S. OCEAN DR.	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL. 33019 D	CITY-STATE-ZIP	D
TITLE	SECRETARY	TITLE	
NAME	JOYCE KORNOLD	NAME	
STREET ADDRESS	2751 S. OCEAN DR.	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL. 33019 D	CITY-STATE-ZIP	D
TITLE	TREASURER	TITLE	
NAME	JEROME GOLDBERG	NAME	
STREET ADDRESS	2751 S. OCEAN DR.	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL. 33019 D	CITY-STATE-ZIP	D
TITLE	DIRECTOR	TITLE	
NAME	SALOMAO JAPAN	NAME	
STREET ADDRESS	2751 S. OCEAN DR.	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL. 33019 D	CITY-STATE-ZIP	D
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other filers empowered.

SIGNATURE

Barbara Sacco

BARBARA SACCO PRESIDENT

5/9/02

954-921-7924

Signature, typed or printed name of business officer or director

CREATED BY (12/01)