


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90162 037 ****61.25

DOCUMENT # 717401

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2751 S. OCEAN DR.

3. Mailing Address
2751 S. OCEAN DR.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL.

City & State
HOLLYWOOD, FL.

Zip
33019

Country
USA

4. FEI Number **59-1445052**

Applied For
 Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SACCO, BARBARA
2751 S. OCEAN DR.
303-S
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name
JAME

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

City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Sacco* (**BARBARA SACCO**) PRESIDENT 3/19/03

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KORNGOLD, JOYCE 2751 S. OCEAN DR. HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDBERG, JEROME 2751 S. OCEAN DR. HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASPAN, SALOMAO 2751 S. OCEAN DR. HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACCO, BARBARA 2751 S. OCEAN DR. HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLOUGHBY, JOANNE 2751 S. OCEAN DR. HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPMAN, MARK 2751 S. OCEAN DRIVE HOLLYWOOD, FL. 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTONE, JOYCE 2751 S. OCEAN DRIVE HOLLYWOOD, FL. 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Sacco* REC (**BARBARA SACCO**) PRESIDENT 3/19/03 754-921-7924

CR2E037 (10/02)