

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718857

1. Entity Name

THE AQUARIUS APARTMENTS OF MARCO ISLAND, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90031 019 \*\*\*\*61.25

Principal Place of Business

MARCO ISLAND INC  
167 N COLLIER BLVD  
MARCO ISLAND FL 33937

Mailing Address

MARCO ISLAND INC  
167 N COLLIER BLVD  
MARCO ISLAND FL 33937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1372658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCUDERI, SALVATORE C  
909 N COLLIER BLVD  
MARCO ISLAND FL 33937

Name

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Delete  
NAME ENGEL, MICHAEL  
STREET ADDRESS P O BOX 1254 N/A  
CITY-ST-ZIP OGUNQUIT ME 03907

TITLE VD ☐ Change ☒ Addition  
NAME Joseph G., Clarke (S-1)  
STREET ADDRESS 167 N. Collier Blvd.  
CITY-ST-ZIP Marco Island, FL 34145

TITLE VD ☐ Delete  
NAME KENNEDY, JEAN  
STREET ADDRESS 111 FIRST PARISH RD  
CITY-ST-ZIP SCITUATE MA 02066

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME HOLLENBECK, DOROTHY B  
STREET ADDRESS 1115 APPLEFORD DR  
CITY-ST-ZIP SEABROOK TX 77586

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME AHERN, JOHN D (u-6)  
STREET ADDRESS 167 N COLLIER BLVD (35)  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE STD ☒ Change ☐ Addition  
NAME STD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

*Signature Required*

, John D. Ahern, STD 1/19/01 (941) 394-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)