

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718857

1. Entity Name

THE AQUARIUS APARTMENTS OF MARCO ISLAND, INC.

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90023 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

MARCO ISLAND INC  
167 N COLLIER BLVD  
MARCO ISLAND FL 33937

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

4. FEI Number

59-1372658

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
~~983 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 KENNEDY, JEAN  
STREET ADDRESS 111 FIRST PARISH RD  
CITY-ST-ZIP SCITUATE MA 02066

TITLE VD ☐ Change ☒ Addition  
NAME DOPP, JOHN W.  
STREET ADDRESS 167 N. Collier Blvd (P-1)  
CITY-ST-ZIP Marco Island, FL 34145

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  
STREET ADDRESS 167 N COLLIER BLVD (U5)  
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE VD ☒ Delete  
NAME CLARKE, JOSEPH G  
STREET ADDRESS 167 N COLLIER BLVD  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE PD ☒ Change ☒ Addition  
NAME CLARKE, JOSEPH G.  
STREET ADDRESS 167 N. Collier Blvd.  
CITY-ST-ZIP Marco Island, FL 34145

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:

SIGNATURE REQUIRED

John D. Ahern, STD 2/1/02

(941)394-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)