


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90029 004 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 718857 1. Entity Name AQUARIUS OF MARCO ISLAND, INC. | | | |  | |
| Principal Place of Business MARCO ISLAND INC. 167 N COLLIER BLVD MARCO ISLAND, FL 33145 | | | Mailing Address MARCO ISLAND INC. 167 N COLLIER BLVD MARCO ISLAND, FL 33145 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GREUSEL, JAMIE 1104 N COLLIER BLVD. MARCO ISLAND, FL 34145 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEWALD, MALCOLM 167 N. COLLIER BLVD. N-2 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SZKATUKSKI, LAURENCE 1534 SUNSET RIDGE RD GLENVIEW, IL 60025 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RYDBERG, KENNETH 10 EDGEWOOD RD VERNON HILLS, IL 60061 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NAPOLI, ANTHONY 8 PULLMAN DR HOLLIS, NH 03049 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CORDES, THURLEY 8227 KILLEEN RUN FT. WAYNE, IN 46835 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, without other the empowered. | | | | | |
| SIGNATURE: <u>MALCOLM C. DEWALD</u> | | Vice President | | 26 March 08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |



01232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1372658 Applied For
Not Applicable

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

FL Zip Code

239-394-7141
239-642-8714