## FILE NOW: FILING FEE IS \$61.25

LONGBOAT KEY FL

Webb

CITY-ST-ZIP

**SIGNATURE:** 

## NONPROFIT Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Bandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 728304 AQUARIUS CLUB CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 1701 GULF OF MEXICO DR 1701 GULF OF MEXICO DR 3. Date Incorporated or Qualified LONGBOAT KEY FL 34228-3406 LONGBOAT KEY FL 34228-3406 01/21/1974 Applied For 59-1567171 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEBB, T.K. Street Address (P.O. Box Number is Not Acceptable) 1701 GULF OF MEXICO DR 83 LONGBOAT KEY FL 33548 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition TITLE 11 TITLE NAME Webb. T.K. 12 NAME CR2E037 1701 GULF OF MEXICO DR STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE ROTHBARD, JOSEPH NAME 2.2 NAME STREET ADDRESS 1701 GULF OF MEXICO DR 2.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME MCCONNELL JAMES 3.2 NAME STREET ADDRESS 1701 GULF OF MEXICO DR 3.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 41 TITLE NAME SENNOTT, RICHARD 4 2 NAME STREET ADDRESS 1701 GULF OF MEXICO DRIVE 4.3 STREET ADDRESS LONGBOAT KEY FL 4.4 CITY-ST-ZIP COY-ST-7IP DELETE TITLE 5.1 TITLE Change Addition NAME MAZZOLA, JEAN 5.2 NAME 1701 GULF OF MEXICO DR STREET ADDRESS **5.3 STREET ADDRESS** LONGBOAT KEY FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME BOERSMA, PHILLIP 6.2 NAME 1701 GULF OF MEXICO DR #401 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

REQUIRED

**FILED** 

4-10-98 941.383-4223