## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 28, 2004 8:00 am **Secretary of State DOCUMENT # 728304** 1. Entity Name 01-28-2004 90006 035 \*\*\*\*61.25 AQUARIUS CLUB CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 1701 GULF OF MEXICO DR LONGBOAT KEY FL 34228-3406 1701 GULF OF MEXICO DR LONGBOAT KEY FL 34228-3406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-1567171 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BORDAS, FRANK Street Address (P.O. Box Number is Not Acceptable) 1701 GULF OF MEXICO DR **APT 204** LONGBOAT KEY FL 34228 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DIRECTOR Change **⊠** Additioπ ☐ Defete TITLE . TITLE DR. GUS MAZZOLA BORDAS, FRANK NAME NAME 1701 GULF OF MEXICO DR 409 EDGEMONT DR STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 LOCH ARBOUR, NJ 07711 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE DIRECTOR X Addition TITLE BOERSMA, PHILLIP NAME MAME JIM MCCONNELL 3131 FLEUR DRIVE #803 1362 ESTATE LANE EAST STREET ADDRESS STREET ADDRESS LAKE FOREST IL 60045 CITY-ST-ZIP CITY-ST-ZIP DESMOINES, IA 50321 Change ☐ Addition ☐ Delete TITLE PAULICH, JOHN ... NAME NAME 101 COUNTRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIFTON NJ 07013 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 1701 GULF OF MEXICO DRIVE APT 510 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CiTY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HOWARD, DONALD NAME NAME 44 HUNTERS CIRCLE STREET ADDRESS STREET ADDRESS LEBANON NJ 08833 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ADELMAN, FRANCINE NAME NAME 1136 BARKER ROAD #70 STREET ADDRESS STREET ADDRESS PITTSFIELD MA 01201 CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

BOR DAS PRES /- 22-04 941 383 -4223

CTOR Date Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED