2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 728304

Entity Name: AQUARIUS CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1701 GULF OF MEXICO DR
N/A
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

1701 GULF OF MEXICO DR
OFFICE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 59-1567171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORNEAU, WILLIAM F
1701 GULF OF MEXICO DR
APT 204
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORNEAU, WILLIAM F
Address: 1701 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: T ( ) Delete
Name: MICHAEL, DAVID
Address: 1701 GULF OF MEXICO DRIVE #205
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: S ( ) Delete
Name: MAZZOLA, GUS DR.
Address: 409 EDGEMONT DR
City-St-Zip: LOCH ARBOUR, NJ 07711 US

Title: V ( ) Delete
Name: MARSH, DAVID
Address: 25 W 657 COVENTRY DR
City-St-Zip: WHEATON, IL 60187 US

Title: V ( ) Delete
Name: BOYD, ROBERT
Address: 1701GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL 34228 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WADE, MARYANNE
Address: 216 FOREST AVENUE
City-St-Zip: GLEN RIDGE, NJ 07028 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. MORNEAU P 03/19/2009

Electronic Signature of Signing Officer or Director — Date