

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 730313

1. Entity Name
AQUARIUS MIAMI CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

**5960 NE 5TH CT
MIAMI, FL 33137**

Mailing Address

**P.O. BOX 562891
MIAMI, FL 33256**



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2092725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIEBWASSER, WILLIAM
201 ALHAMBRA CIRCLE SUITE 1000
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

U00000937997
05/27/08-80072-014 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EUGENE, RONALD
STREET ADDRESS 717 N.W. 177 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE STD
NAME TRIEWASSER, WILLIAM
STREET ADDRESS 90 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD
NAME PATEL, CHANDRAKANT J
STREET ADDRESS 5960 NE 5TH CT
CITY-ST-ZIP MIAMI, FL 33137

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IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 (305) 992-0047
Date Daytime Phone #