

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000005143**

1. Entity Name

AQUARINA RESIDENTS' ASSOCIATION, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90181 013 ****61.25

Principal Place of Business

**208 OSPREY VILLAS CT.
MELBOURNE BEACH FL 32951**

Mailing Address

**208 OSPREY VILLAS CT.
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip *

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3732299

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CATTERTON, A. VAN JR
1990 W. NEW HAVEN AVE., STE. 104
MELBOURNE FL 32904****7. Name and Address of New Registered Agent**

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.

SIGNATURE **A. VAN CATTERTON, JR.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **MCMULLEN, THOMAS A**
STREET ADDRESS **208 OSPREY VILLAS CT.**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**TITLE **D** ☐ Delete
NAME **BARRY, PAUL C**
STREET ADDRESS **213 OSPREY VILLAS CT.**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**TITLE **D** ☐ Delete
NAME **GEACH, RICHARD L**
STREET ADDRESS **290 HAMMOCK SHORE DR.**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

321 952 2932

Daytime Phone #

CR2E037 (9/01)