

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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90090 003 ****70.00

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1. Entity Name

AQUARINA RESIDENTS' ASSOCIATION, INC.



Principal Place of Business

208 OSPREY VILLAS CT.
MELBOURNE BEACH FL 32951

Mailing Address

208 OSPREY VILLAS CT.
MELBOURNE BEACH FL 32951

94029643



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3732299

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATTERTON, A. VAN JR
1990 W. NEW HAVEN AVE., STE. 104
MELBOURNE FL 32904

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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCMULLEN, THOMAS
STREET ADDRESS 205 OSPEY VILLAS CT
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME AIKEN, EDWARD
STREET ADDRESS 325 HAMMOCK SHORE DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME ULASAKER, ROBERT
STREET ADDRESS 325 HAMMOCK SHORE DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME ULSAMER, ROBERT ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GARZIGUA, MARTI
STREET ADDRESS 7415 AQUARINA BCH DR 404
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE
NAME GARZIGLIA, MARTI ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DRAGOON, ROBERT
STREET ADDRESS 372 AQUARINA BLVD
CITY-ST-ZIP MELBOURNE FL 32451 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Thomas A. Mcullen Thomas A. Mcullen (Pres)* **3/5/04 (321) 768-9730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #