

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005143

FILED
Feb 05, 2008
Secretary of State

Entity Name: AQUARINA RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

204 OSPREY VILLAS CT.
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

204 OSPREY VILLAS CT.
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-3732299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATTERTON, A. VAN JR
1990 W. NEW HAVEN AVE., STE. 104
MELBOURNE, FL 32904 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: PD () Delete
Name: MAHONEY, CHARLES
Address: 204 OSPREY VILLAS CT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: ULSAMER, ROBERT
Address: 325 HAMMOCK SHORE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD () Delete
Name: EASTON, GARY
Address: 170 WHALER DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: DRAGOON, ROBERT
Address: 372 AQUARINA BLVD
City-St-Zip: MELBOURNE, FL 32451

Title: D () Delete
Name: LUDOER, ROD
Address: 159 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: HALLISEY, RICHARD
Address: 857 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GARY EASTON

SD

02/05/2008

Electronic Signature of Signing Officer or Director

Date