## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004825

FILED Mar 23, 2009 Secretary of State

Entity Name: AQUASOL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6770 INDIAN CREEK DRIVE MIAMI BEACH,, FL 33141

Current Mailing Address: New Mailing Address:

GUARANTEE MANAGEMENT SERVICE 6925 N.W. 42ND STREET MIAMI, FL 33166

FEI Number: 11-3691704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARS, GARY HYMAN, SPECTOR & MARS, LLP 150 WEST FLAGLER STREET, 27TH FLOOR MIAMI, FL 33130 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PEREZ-MENDEZ, ENEIDA
 Name:

 Address:
 6770 INDIAN CREEK DR. APT. #8-P
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33141
 City-St-Zip:

Title: P ( ) Delete Title: PD (X) Change ( ) Addition

Name: PAVON, EUGENE Name: INNIS, DONALD

Address: 6770 INDIAN CREEK DR. APT. # 9-0 Address: 6770 INDIAN CREEK DR. APT. # 7E

City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

 $\label{eq:title:title:vp} \textit{Title:} \qquad \textit{VP} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{VP} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$ 

Name: INNISS, DONALD Name: FISH, BRUCE

Address: 6770 INDIAN CREEK DRIVE, APT. # 7-E Address: 6770 INDIAN CREEK DRIVE, APT. # 11-K

City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

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: DONALD INNIS PD 03/23/2009