FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03403 (5)

1. Corporation Name
AQUA CAMINO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1705 NO RIVERSIDE DR POMPANO BEACH FL 33062 US	%GERALDINE GILBERT P O BOX 391 LAKE GEORGE NY 12845

3. Date Incorporated or Qualified: 05/31/1984
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business — 21: Same
2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2103584 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEVENS, GAIL E.
412 NE 4TH STREET
SUITE B
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	FROST, SAMUEL		1.2 NAME	
STREET ADDRESS	1705 N. RIVERSIDE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	33062
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HUGHES, THOMAS		2.2 NAME	
STREET ADDRESS	22724 VISTAWOOD WAY		2.3 STREET ADDRESS	942 Hyacinth Dr.
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	STD	☐ DELETE	3.1 TITLE	☒ Change ☒ Addition
NAME	GILBERT, GERALDINE		3.2 NAME	
STREET ADDRESS	36 MT. VIEW LANE		3.3 STREET ADDRESS	#63 Mtn. View Lane
CITY-ST-ZIP	QUEENSBURY NY		3.4 CITY-ST-ZIP	12804
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geraldine Gilbert S.T.D. 1-31-96 518-798-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #