4/15/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-15-2002 90034 041 ****70.00

DOCUMENT # N03403

1. Entity Name

AQUA CAMINO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1705 NO RIVERSIDE DR POMPANO BEACH FL 33062 US	% NANCY L BAACH 1705 N. RIVERSIDE DR #7 POMPANO BCH FL 33062

DO NOT WRITE IN THIS SPACE

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 59-2103584 ☐ Applied For ☐ Not Applicable

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

DE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAYE & ROGER, P.A. 6261 NW 6TH WAY #103 FORT LAUDERDALE FL 33309	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 X Richard Marcus Richard Aqua Camino

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

DATE 4/4/02

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GILBERT, GERALDINE #63 MTN VIEW LANE QUEENSBURY NY 12804	☐ Delete	VP-TREASURER D GILBERT, GERALDINE #63 MTN-VIEW LANE QUEENSBURY NY 12804	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KILE, GARY P O BOX 749 ESTES PARK CO 80517	☐ Delete	SECRETARY D KILE, GARY PO BX 749 ESTES PARK CO 80517	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BACH, NANCY L 1705 RIVERSIDE DR #7 POMPANO BCH FL 33062	☒ Delete	PRESIDENT D RICHARD MARCUS 1705 N-RIVERSIDE DR #1 Pompano Beach FL 33062	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/01)

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: X Richard Marcus Richard Aqua Camino 4/4/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #