

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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90035 008 ****70.00

DOCUMENT # N03403

1. Entity Name

AQUA CAMINO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1705 NO RIVERSIDE DR
POMPANO BEACH FL 33062
US

Mailing Address

C/O GERALDINE GILBERT
63 MTN VIEW LANE
QUEENSBURY NY 12804

94015455



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2103584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGER, RANDALL K
6261 NW 6TH WAY
#103
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name Randall K. Roger

Street Address (P.O. Box Number is Not Acceptable)

621 NW 53rd St.

Suite 300

City Boca Raton

FL

Zip Code

33487

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

Leslie Lehman - address change only 02.03.04

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

TITLE VTD ☐ Delete
NAME GILBERT, GERALDINE
STREET ADDRESS #63 MTN VIEW LANE
CITY-ST-ZIP QUEENSBURY NY 12804

TITLE PD ☐ Delete
NAME MARCUS, RICHARD
STREET ADDRESS 1705 N RIVERSIDE DR # 1
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE D ☒ Delete
NAME MARSHALL, TOM
STREET ADDRESS 5417 MAPLEWOOD PLACE
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS Director only - no longer V and T
CITY-ST-ZIP

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

TITLE VTD ☐ Change ☒ Addition
NAME Leslie Lehman
STREET ADDRESS Boca Raton
CITY-ST-ZIP 155 S. Ocean Blvd. #112 FL 33437

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

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

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

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:

Leslie D. Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.03.04 561-393-0726

Date

Daytime Phone #