

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-25-2003 90124 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

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

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**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
6261 NW 6TH WAY
#103
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Randall K. Roger & Associates, PA
Street Address (P.O. Box Number Not Acceptable)
621 NW 53 Street
Suite 300
Boca Raton FL 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

[Signature] **Pres. Arthur J. Aronstein, P.A.** **2/21/03**
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

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

TITLE **SD** ☒ Delete
NAME **KILE, GARY**
STREET ADDRESS **P O BOX 749**
CITY-ST-ZIP **ESTES PARK CO 80517**

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

TITLE **D** ☐ Delete
NAME **Tom Marshall**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-03 518-798-4224

FX 518-792-0075

CR2E037 (10/02)