



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008429						FILED 08 SEP 25 PH 4:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ACQUALINA OCEAN RESIDENCES & RESORT CONDOMINIUM ASSOCIATION, INC				Principal Place of Business 17885 COLLINS AVE. CONDOMINIUM OFFICE SUNNY ISLES BEACH, FL 33160		Mailing Address 17885 COLLINS AVE. CONDOMINIUM OFFICE SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				09152008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number 20-3321083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALEXANDER, TANIA 17885 COLLINS AVENUE CONDOMINIUM OFFICE SUNNY ISLES BEACH, FL 33160				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZEN, JAY <input type="checkbox"/> Delete 17885 COLLINS AVE APT #2106 SUNNY ISLES BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800136343008 09/25/08--01048--009 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUFFIA, GIANCARLO <input checked="" type="checkbox"/> Delete 17885 COLLINS AVE APT #506 SUNNY ISLES BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edward Alter <input checked="" type="checkbox"/> Addition 17885 COLLINS AVE APT #2905 Sunny Isles Beach FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARGOLIS, GWEN <input type="checkbox"/> Delete 17885 COLLINS AVE APT#802 SUNNY ISLES BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____				9/12/08 305-918-6905			

2/25/08