

**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 # **N28988** (6)

1. Corporation Name  
**AQUA MAR CONDOMINIUM AND APARTMENT ASSOCIATION, INC.**



Principal Place of Business: **555 NORTH RIVERSIDE DRIVE, POMPANO BEACH FL 33062-4716**  
Mailing Address: **555 NORTH RIVERSIDE DRIVE, POMPANO BEACH FL 33062-4716**

3. Date Incorporated or Qualified: **10/25/1988**  
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2934735</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ALLARD, ROGER</b> <b>AQUA MAR CONDOMINIUM APT. #1</b> <b>555 N RIVERSIDE DR</b> <b>POMPANO BCH. FL 33062</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL 85</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	11. TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRUDEAU, PAUL</b>	12. NAME	<b>LALUMIERE, NORMAND</b>
STREET ADDRESS	<b>555 N. RIVERSIDE DR.</b>	13. STREET ADDRESS	<b>555 N. RIVERSIDE DR. #7</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	14. CITY-ST-ZIP	<b>Pompano Beach FL 33062</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	21. TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LALUMIERE, NORMAND</b>	22. NAME	<b>CACMUN MARCEL</b>
STREET ADDRESS	<b>555 N. RIVERSIDE DR.</b>	23. STREET ADDRESS	<b>555 N. RIVERSIDE DR. #10</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	24. CITY-ST-ZIP	<b>Pompano Beach FL 33062</b>
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE	31. TITLE	<b>TSD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLARD, ROGER</b>	32. NAME	<b>ALLARD, ROGER</b>
STREET ADDRESS	<b>555 N. RIVERSIDE DR.</b>	33. STREET ADDRESS	<b>555 N. RIVERSIDE DR. #1</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	34. CITY-ST-ZIP	<b>Pompano Beach FL 33062</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	41. TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HE'BERT, J M</b>	42. NAME	<b>HUBERT, FELMAND</b>
STREET ADDRESS	<b>555 N RIVERSIDE DR #9</b>	43. STREET ADDRESS	<b>555 N. RIVERSIDE DR. #18</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	44. CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	51. TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOULE, FALMAND</b>	52. NAME	<b>CUSANO, CONNIE</b>
STREET ADDRESS	<b>555 N RIVERSIDE DR #14</b>	53. STREET ADDRESS	<b>555 N. RIVERSIDE DR. #11</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	54. CITY-ST-ZIP	<b>Pompano Beach FL 33062</b>
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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: *Roger Allard* **ROGER ALLARD** **01/30/96** **514-386-6261**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)