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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 02/02/1996
4. FEI Number: 59-2934735
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
ALLARD, ROGER
AQUA MAR CONDOMINIUM APT. #1
555 N RIVERSIDE DR
POMPANO BCH. FL 33062

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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		
TITLE	P	<input type="checkbox"/> DELETE
NAME	LALUMIERE, NORMAND	
STREET ADDRESS	555 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAGNON, MARCEL	
STREET ADDRESS	555 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	ALLARD, ROGER	
STREET ADDRESS	555 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUBERT, FERNAND	
STREET ADDRESS	555 N RIVERSIDE DR #9	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSANO, CONNIE	
STREET ADDRESS	555 N RIVERSIDE DR #14	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	unit #7	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	unit #10	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	unit #1	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeanine Herbert	
4.3 STREET ADDRESS	555 N. Riverside Dr #9	
4.4 CITY-ST-ZIP	Pompano Beach FL	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	unit #11	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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* 02/14/97 514-386-6261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021697

CR2E037 (9/96)