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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-2934735  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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: LEBLOND MAURICE  
82 Street Address: AQUA MAR CONDOMINIUM APT. 26  
83 City: 555 N. RIVERSIDE DR.  
84 City: POMPANO BCH. FL 33062 FL  
85 Zip Code: 3

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: Maurice leblond March 10 1998 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	LALUMIERE, NORMAND	
STREET ADDRESS	555 N. RIVERSIDE DR., UNITE #7	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VD	DELETE
NAME	GAGNON, MARCEL	
STREET ADDRESS	555 N. RIVERSIDE DR., UNIT #10	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	TSD	DELETE
NAME	ALLARD, ROGER	
STREET ADDRESS	555 N. RIVERSIDE DR., UNIT #1	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	DELETE
NAME	JEANNINE HEBERT	
STREET ADDRESS	555 N. RIVERSIDE DR., #9	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	DELETE
NAME	CUSANO, CONNIE	
STREET ADDRESS	555 N. RIVERSIDE DR., UNIT 11	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	CUSANO CONNIE,		
1.3 STREET ADDRESS	555 N. RIVERSIDE DR. #11		
1.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062		
2.1 TITLE	V.	Change	Addition
2.2 NAME	HEBERT JEANNINE		
2.3 STREET ADDRESS	555 N. RIVERSIDE DR. #9		
2.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062		
3.1 TITLE	S	Change	Addition
3.2 NAME	ALLARD ROGER #1		
3.3 STREET ADDRESS	555 N. RIVERSIDE DR. #1		
3.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062		
4.1 TITLE	T	Change	Addition
4.2 NAME	LEBLOND MAURICE		
4.3 STREET ADDRESS	555 N. RIVERSIDE DR. #26		
4.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062		
5.1 TITLE	D	Change	Addition
5.2 NAME	LALUMIERE NORMAND		
5.3 STREET ADDRESS	555 N. RIVERSIDE DR. #7		
5.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: MAURICE L. LEBLOND March 10 1998 954 943.8800

CR2E037 (10/97)