

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28988

1. Entity Name

AQUA MAR CONDOMINIUM AND APARTMENT ASSOCIATION,

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90991 010 ***150.00

Principal Place of Business

Mailing Address

555 NORTH RIVERSIDE DRIVE
 POMPANO BEACH FL 33062-4716

555 NORTH RIVERSIDE DRIVE
 POMPANO BEACH FL 33062-4716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2934735

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBLOND, MAURICE
AQUA MAR CONDOMIUM APT 26
555 N RIVERSIDE DR
POMPANO BEACH FL 33062

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	GAGNON, MARCEL	
STREET ADDRESS	555 NORTH RIVERSIDE DRIVE	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEBLOND, MAURICE	
STREET ADDRESS	555 N RIVERSIDE DR #26	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESROCHERS, GUY	
STREET ADDRESS	555 NORTH RIVERSIDE DRIVE	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEANNINE, V. HEBERT	
STREET ADDRESS	555 N. RIVERSIDE DR., #9	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	CUSANO, CONNIE	
STREET ADDRESS	555 N RIVERSIDE DR #11	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 OF MAURICE LEBLOND* **MAURICE LEBLOND** *04/17/00* **04/17/00** *1-450-4734731*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)