

2002 UNIFORM BUSINESS REPORT (UBR)

N28988

FILED

02 OCT 29 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # N28988

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2934735

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
S	GAGNON, MARCEL 555 NORTH RIVERSIDE DRIVE POMPANO BCH. FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	LEBLOND, MAURICE 555 N RIVERSIDE DR #26 POMPANO BCH. FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DESROCHERS, GUY 555 NORTH RIVERSIDE DRIVE POMPANO BCH. FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	JEANNINE, V. HEBERT 555 N. RIVERSIDE DR., #9 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	CUSANO, CONNIE 555 N RIVERSIDE DR #11 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Maurice LeBlond
MAURICE LEBLOND

July 17, 02

CR2E037 (4/02)