

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90063 033 \*\*\*\*61.25



**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

**LEBLOND, MAURICE  
AQUA MAR CONDOMINIUM ~~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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D**  
JACQUES, CONRAD  
STREET ADDRESS **785 GRAND BOULEVARD D**  
CITY- ST- ZIP **ST BRUNO, QUEBEC CN j3v- 4p6**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME **T**  
LEBLOND, MAURICE  
STREET ADDRESS **555 N RIVERSIDE DR #26**  
CITY- ST- ZIP **POMPANO BCH. FL 33062**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME **S**  
DESROCHERS, GUY  
STREET ADDRESS **555 NORTH RIVERSIDE DRIVE**  
CITY- ST- ZIP **POMPANO BCH. FL 33062**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME **D**  
MOTTILLO, JOHN  
STREET ADDRESS **10271 BRUCHESI**  
CITY- ST- ZIP **MONTREAL, QUEBEC CN h2b- 2s4**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME **P**  
CUSANO, CONNIE  
STREET ADDRESS **555 N RIVERSIDE DR #11**  
CITY- ST- ZIP **POMPANO BEACH FL 33062**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  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:

*Maurice LeBlond*

TRES. MAURICE LEBLOND. 07/25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #