


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28988</b>			
1. Entity Name <b>AQUA MAR CONDOMINIUM AND APARTMENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>555 NORTH RIVERSIDE DRIVE POMPANO BEACH FL 33062-4716</b>		Mailing Address <b>555 NORTH RIVERSIDE DRIVE POMPANO BEACH FL 33062-4716</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LEBLOND, MAURICE AQUA MAR CONDOMINIUM APT 26 555 N RIVERSIDE DR POMPANO BEACH FL 33062</b>		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		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reconstituting)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JACQUES, CONRAD		
STREET ADDRESS	785 GRAND BOULEVARD D		
CITY-ST-ZIP	ST BRUNO, QUEBEC CN J3V- 4P6		
TITLE	T	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEBLOND, MAURICE		
STREET ADDRESS	555 N RIVERSIDE DR #26		
CITY-ST-ZIP	POMPANO BCH. FL 33062		
TITLE	S	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DESROCHERS, GUY		
STREET ADDRESS	555 NORTH RIVERSIDE DRIVE		
CITY-ST-ZIP	POMPANO BCH. FL 33062		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOTTILLO, JOHN		
STREET ADDRESS	10271 BRUCHESI		
CITY-ST-ZIP	MONTREAL, QUEBEC CN H2B- 2S4		
TITLE	P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CUSANO, CONNIE		
STREET ADDRESS	555 N RIVERSIDE DR #11		
CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2934735** Applied For Not Applied

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

00000431871  
 02/23/06-80045-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 FEB 13 2006