

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State



DOCUMENT # N28988
 1. Entity Name
AQUA MAR CONDOMINIUM AND APARTMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
555 NORTH RIVERSIDE DRIVE **555 NORTH RIVERSIDE DRIVE**
POMPANO BEACH FL 33062-4716 **POMPANO BEACH FL 33062-4716**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2934735 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/06)

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete JACQUES, CONRAD 785 GRAND BOULEVARD D ST BRUNO, QUEBEC CN j3v- 4p6
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <input type="checkbox"/> Delete LEBLOND, MAURICE 555 N RIVERSIDE DR #26 POMPANO BCH. FL 33062
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S <input type="checkbox"/> Delete DESROCHERS, GUY 555 NORTH RIVERSIDE DRIVE POMPANO BCH. FL 33062
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete MOTTILLO, JOHN 10271 BRUCHESI MONTREAL, QUEBEC CN h2b- 2s4
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <input type="checkbox"/> Delete CUSANO, CONNIE 555 N RIVERSIDE DR #11 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000645328 03/05/07-80002-001 66.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *Director - Treasurer - Feb 16 2007* 9516 9113 9085