


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 001 ****70.00

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 - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

03032008 Chg-NP CR2E037 (12/06)



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 CONNIE CUSANO Street Address (P.O. Box Number is Not Acceptable) AQUA MAR CONDOMINIUM APT. II 555 N. RIVERSIDE DR. City POMPANO BEACH FL Zip Code 33062	

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 *Connie Cusano, Treasurer* DATE March 3, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008 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	D	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACQUES, CONRAD			NAME			
STREET ADDRESS	785 GRAND BOULEVARD D			STREET ADDRESS			
CITY-ST-ZIP	ST BRUNO, QUEBEC, CN j3v 4p6			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEBLOND, MAURICE			NAME	FRANK CUSANO		
STREET ADDRESS	555 N RIVERSIDE DR #26			STREET ADDRESS	555 N. RIVERSIDE DR.		
CITY-ST-ZIP	POMPANO BCH., FL 33062			CITY-ST-ZIP	POMPANO BEACH, FL 33062		
TITLE	S	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESROCHERS, GUY			NAME			
STREET ADDRESS	555 NORTH RIVERSIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH., FL 33062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOTTILLO, JOHN			NAME			
STREET ADDRESS	10271 BRUCHESI			STREET ADDRESS			
CITY-ST-ZIP	MONTREAL, QUEBEC, CN h2b 2s4			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUSANO, CONNIE			NAME			
STREET ADDRESS	555 N RIVERSIDE DR #11			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

Connie Cusano, Treasurer *March 3, 2008*