

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28988

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: AQUA MAR CONDOMINIUM AND APARTMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

555 NORTH RIVERSIDE DRIVE  
POMPANO BEACH, FL 330624716

**New Principal Place of Business:**

**Current Mailing Address:**

555 NORTH RIVERSIDE DRIVE  
POMPANO BEACH, FL 330624716

**New Mailing Address:**

FEI Number: 59-2934735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUSANO, CONNIE  
AQUA MAR CONDOMINIUM APT 26  
555 N RIVERSIDE DR  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

CUSANO, CONNIE  
AQUA MAR CONDOMINIUM APT 11  
555 N RIVERSIDE DR  
POMPANO BEACH, FL 33062 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

02/12/2009

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: CUSANO, FRANK  
Address: 555 N. RIVERSIDE  
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete  
Name: CONRAD, JACQUES  
Address: 785 GRAND BLVD D  
City-St-Zip: ST. BRUNO, QB J3V 4P6

Title: P ( ) Delete  
Name: DESROCHERS, GUY  
Address: 555 NORTH RIVERSIDE DRIVE  
City-St-Zip: POMPANO BCH., FL 33062

Title: D ( ) Delete  
Name: MOTTILLO, JOHN  
Address: 10271 BRUCHESI  
City-St-Zip: MONTREAL, QUEBEC, CN H2B 2S4

Title: T ( ) Delete  
Name: CUSANO, CONNIE  
Address: 555 N RIVERSIDE DR #11  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: CUSANO, FRANK  
Address: 555 N. RIVERSIDE #27  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: DESROCHERS, GUY  
Address: 555 NORTH RIVERSIDE DRIVE #8  
City-St-Zip: POMPANO BCH., FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE CUSANO

Electronic Signature of Signing Officer or Director

TREA

02/12/2009

Date