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FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000095 (9)

1. Corporation Name

AQUATIC EXERCISE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

902 ALBEE ROAD  
NOKOMIS FL 34275

902 ALBEE ROAD  
NOKOMIS FL 34275-2512

3. Date Incorporated or Qualified  
12/30/1993

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0454105

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIKENS, CHRISTOPHER A  
1800 2ND ST STE 808  
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME SEE, JULIE  
STREET ADDRESS 902 ALBEE ROAD 820 Albee Rd.  
CITY-ST-ZIP NOKOMIS FL 34275

1.1 TITLE  Change  Addition  
1.2 NAME ~~SEE, JULIE~~ Robert SEE  
1.3 STREET ADDRESS ~~902 ALBEE ROAD~~ 820 Albee Rd  
1.4 CITY-ST-ZIP NOKOMIS FL 34275

TITLE DVS  DELETE  
NAME NELSON, ANGIE  
STREET ADDRESS 140 CIRCUIT RD. 950 Pinto Circle  
CITY-ST-ZIP NOKOMIS FL 34275

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT  DELETE  
NAME FRYER, TRACY  
STREET ADDRESS 902 ALBEE ROAD  
CITY-ST-ZIP NOKOMIS FL 34275

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME FOSSELLA, PATRICIA  
STREET ADDRESS 64 LIVINGSTON AVE.  
CITY-ST-ZIP CRANFORD NJ 07016

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME HUFF, KIM  
STREET ADDRESS % CRANFORD POOL, 401 CENTENNIAL AVE.  
CITY-ST-ZIP CRANFORD NJ 07016

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME *[Signature]*  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ANGIE LUTENELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084081

2/17/97 941-486-8600

CR2E037 (9/96)