

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000095 (9)**  
 1. Corporation Name  
**AQUATIC EXERCISE ASSOCIATION, INC.**



Principal Place of Business 902 ALBEE ROAD NOKOMIS FL 34275	Mailing Address 902 ALBEE ROAD NOKOMIS FL 34275
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3. Date Incorporated or Qualified <b>12/30/1993</b>
4. FEI Number <b>65-0454105</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
**LIKENS, CHRISTOPHER A**  
**1800 2ND ST STE 808**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SEE, JULIE 820 ALBEE RD. NOKOMIS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS, Treasurer, Secretary NELSON, ANGIE 950 PINTO CIR. NOKOMIS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLAND SEE 820 ALBEE RD. NOKOMIS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSSELLA, PATRICIA 64 LIVINGSTON AVE. CRANFORD NJ 07016 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUFF, KIM % CRANFORD POOL, 401 CENTENNIAL AVE. CRANFORD NJ 07016 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DANIEL NELSON, Director 950 PINTO CIRCLE NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DVS, Treasurer, Secretary Angie Nelson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	86 Pembroke Drive Kenilworth NJ 07033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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]* **SECRETARY** *[Signature]* **VICE PRESIDENT, TREASURER** 1/31/98 941-486-8600

CR2E037 (10/97)