

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90070 022 ****70.00

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DOCUMENT # N94000000095

1. Entity Name
AQUATIC EXERCISE ASSOCIATION, INC.



Principal Place of Business
**3439 TECHNOLOGY DR
#6
NOKOMIS FL 34275**

Mailing Address
**3439 TECHNOLOGY DR
#6
NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0454105**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SEE, JULIE	410 PALMETTO CT #9	VENICE FL 34285	<input type="checkbox"/>
DVST	PROCTOR, ANGIE	950 PINTO CIR.	NOKOMIS FL	<input type="checkbox"/>
D	WASSERMAN, JACK	4512 WESTOVER TERR	KNOXVILLE TN 37914	<input checked="" type="checkbox"/>
D	FOSELLA, PATRICIA	64 LIVINGSTON AVE.	CRANFORD NJ 07016	<input checked="" type="checkbox"/>
D	HUFF, KIM	86 PEMBROKE DRIVE	KENILWORTH NJ 07033	<input checked="" type="checkbox"/>
D	NELSON, DANIEL	608 BITTNER BLVD	NOKOMIS FL 34275	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DIRECTOR/SECRETARY	SUSAN RUOMAN	1033 Woodbine Circle W.	Galesburg IL 61401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ROBERT YEATS	3414 51A. AVENUE	INNISFOIL, ALBERTA CANADA T4G-1H4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	GORDON PROCTOR	609 MARCUS ST. #33	VENICE FL 34292	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: SUSAN RUOMAN **REQUIRE Proctor Exec. Director 3/12/03 9414840063**

CR2E037 (10/02)