

FILE NOW: FILING FEE IS \$61.25

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May 17, 1999 8:00 am  
Secretary of State

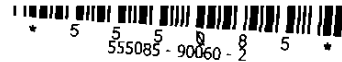
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005381V  
1. Corporation Name  
AQUAMARINE CONDOMINIUM ASSOCIATION INC



Principal Place of Business      Mailing Address  
8001 RADIO ROAD      8001 RADIO ROAD  
NAPLES FL 34104      NAPLES FL 34104



2. Principal Place of Business      2a. Mailing Address      3. Date Incorporated or Qualified  
1100 FIFTH AVE S.      1100 FIFTH AVE S      9/18/88  
Suite, Apt. #, etc.      Suite, Apt. #, etc.      4. FEI Number      Applied For  
SUITE 201      SUITE 201      59-3469425      Not Applicable  
City & State      City & State      5. Certificate of Status Desired      \$8.75 Additional  
NAPLES FL      NAPLES FL            Fee Required  
Zip      Country      6. Election Campaign Financing      \$5.00 May Be  
34102      USA            Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
NAGAR JACOB N      81 Name CHERYL R KRAUS  
8001 RADIO RD      82 Street Address (P.O. Box Number is Not Acceptable)  
NAPLES FL 34104      1072 GOODLETTE RD NORTH  
83  
84 City NAPLES      FL      85 Zip Code 34102

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]      CHERYL R KRAUS      DATE 4/23/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <u>NAGAR, JACOB N.</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>8001 RADIO RD</u>	1.2 NAME	
STREET ADDRESS	<u>NAPLES FL 34104</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD <u>JEDA RON</u> <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>8001 RADIO RD</u>	2.2 NAME	<u>TRACEY JENNIFER</u>
STREET ADDRESS	<u>NAPLES FL 34104</u>	2.3 STREET ADDRESS	<u>8001 RADIO RD</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>NAPLES FL 34104</u>
TITLE	STD <u>BERNERT JAN</u> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<u>8001 RADIO RD</u>	3.2 NAME	
STREET ADDRESS	<u>NAPLES FL 34104</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.  
SIGNATURE: JACOB NAGAR      DATE 4/23/99

CR2E037 (11/98)