



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90294 047 ****61.25

DOCUMENT # N98000005381					
1. Entity Name AQUAMARINE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O STOCK COMMUNITY SERVICES 5692 STRAND COURT, #1 NAPLES, FL 34110 US			Mailing Address C/O STOCK COMMUNITY SERVICES 5692 STRAND COURT, #1 NAPLES, FL 34110 US		
2. Principal Place of Business 5020 TAMAMI TRAIL N Suite, Apt. #, etc. 210		3. Mailing Address 5020 TAMAMI TRAIL N Suite, Apt. #, etc. 210		 03172005 Chg-NP CR2E037 (10/03)	
City & State NAPLES		City & State NAPLES			
Zip 34103	Country US	Zip 34103	Country US	4. FEI Number 59-3469425	
6. Name and Address of Current Registered Agent STOCK COMMUNITY SERVICES, LLC 5692 STRAND COURT NAPLES, FL 34110				7. Name and Address of New Registered Agent Name STOCK PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 5020 TAMAMI TRAIL N, # 210 City NAPLES FL Zip Code 34103	
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: <i>Sheryl L. Hilborn</i> DATE: 4-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	MD ARVILLA, JOEL W 1786 TRADE CENTER WAY, SUITE #4 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDRICK, JACK 9165 MICHAEL CR #4 NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, JAMES E 4970 DEERFIELD WAY, #204 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BEDE, J. ROBERT 9175 MICHAEL CR #3 NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDEN, CHRISTIAN B 3838 TAMAMI TRAIL NORTH, SUITE 416 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WHEATON, STUART 9165 MICHAEL CR #2 NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOULDSWORTH, SANDY 5692 STRAND COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employment.					
SIGNATURE: <i>Jack Fredrick</i>			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		