


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90135 015 \*\*\*\*61.25

DOCUMENT # N9800005381			
1. Entity Name AQUAMARINE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O STOCK COMMUNITY SERVICES 5020 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103 US		Mailing Address C/O STOCK COMMUNITY SERVICES 5020 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103 US	
2. Principal Place of Business <i>STOCK PROPERTY MANAGEMENT</i>		3. Mailing Address <i>STOCK PROPERTY MANAGEMENT</i>	
Suite, Apt. #, etc. <i>4980 TAMiami TRAIL #101</i>		Suite, Apt. #, etc. <i>4980 TAMiami TRAIL #101</i>	
City & State <i>NAPLES, FL</i>		City & State <i>NAPLES, FL</i>	
Zip <i>34103</i>	Country <i>COLLIER</i>	Zip <i>34103</i>	Country <i>COLLIER</i>
4. FEI Number 59-3469425		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent STOCK PROPERTY MANAGEMENT, LLC 5020 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name <i>STOCK PROPERTY MANAGEMENT</i> Street Address (P.O. Box Number is Not Acceptable) <i>4980 TAMiami TRAIL #101</i> City <i>NAPLES</i> FL <i>34103</i>	
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>Francine Homchek</i> DATE <i>3/15/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P resident FREDRICK, JACK 9165 MICHAEL CR # 4 NAPLES, FL 34103</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ed Heston Secretary 9128 Michael Cr. # 3 Treasurer Naples, FL 34113</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPT BEDE, J. ROBERT 9175 MICHAEL CR # 3 NAPLES, FL 34103</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>William Phillip VP 9185 Michael Circle # 4 Naples, FL 34113</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPS WHEATON, STUART 9165 MICHAEL CIR # 2 NAPLES, FL 34103</i> <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 exemptions contained in Chapter 119, 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 trustee 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: <i>John K. Wheeler</i>		DATE: <i>3/15/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	