

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005381

FILED
Jan 22, 2009
Secretary of State

Entity Name: AQUAMARINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3469425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREDRICK, JACK
Address: 9165 MICHAEL CR # 4
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: HASSAY, ED
Address: 9128 MICHAEL CIR #3
City-St-Zip: NAPLES, FL 34113

Title: VD () Delete
Name: PHILIPS, WILLIAM
Address: 9185 MICHAEL CIR #4
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HASSAY, ED
Address: 9128 MICHAEL CIRCLE #3
City-St-Zip: NAPLES, FL 34113

Title: VD (X) Change () Addition
Name: PHILIP, WILLIAM
Address: 9185 MICHAEL CIRCLE #4
City-St-Zip: NAPLES, FL 34113

Title: STD (X) Change () Addition
Name: WHEELER, JOHN
Address: 9128 MICHAEL CIRCLE #5
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HASSAY

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date