


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90017 043 \*\*\*150.00

<b>DOCUMENT # P01000005216</b>	
1. Entity Name AQUATECHNICS POOL & SPA, INC.	

Principal Place of Business 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444	Mailing Address 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444
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**50024258**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07272006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1066990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  POLONSKY, MARYANNE 1289 W CAMINO REAL BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ARCURI, KAREN LEIGH 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444 <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	T ARCURI, JACK MICHAEL 3113 CORMORANT ROAD EAST DELRAY BEACH, FL 33444 <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
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
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 receiver or trustee empowered to execute this report as required by Chapter 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Karen Leigh Arcuri*  
Date

Daytime Phone #

*July 31, 2006*  
*561-272-2314*

ATTACHMENT

3113 Cormorant Road  
Delray Beach, Fl. 33444

50024258  
#P01000005216

## Aquatechnics Pool & Spa, Inc.

July 31, 2006

I am not sure when the annual reports had gone out to the business. In fact, several months ago, I had an accident (and was laid up for a bit) and when my accountant called me to ask if it had been received and filed I did not what had happened since I did not receive it. I spoke to a clerk at the Department of Corporations, and told her the situation; she told me to download it and send in. I did that at the end of June (I believe) and did not know I owed a penalty and that I had filled it out incorrectly. Please help if this is incorrect again; and I hope this letter is sufficient in determining if I in fact owe the late fee. The woman I spoke with said she would make a notation that I would file the paperwork then. Thank You.

Thank You,  
Karen  
Office Manager/President

*Karen Leigh Arcuri*

*I looked through my paperwork (my file from taxes & filing reports). I have no record of anything. I have a notation to send file and fee with downloaded paperwork (in June) and Mary's name?! Thanks.*



ATTACHMENT  
50024258  
Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P01000005216

Business Entity Name

AQUATECHNICS POOL &amp; SPA, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 651066990

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 3113 CORMORANT ROAD EAST

Suite, Apt. #, etc.

City, State DELRAY BEACH, FL

Zip Code &amp; Country 33444

## Mailing Address

Address 3113 CORMORANT ROAD EAST

Suite, Apt. #, etc.

City, State DELRAY BEACH, FL

Zip Code &amp; Country 33444

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) POLONSKY, MARYANNE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1289 W CAMINO REAL

Suite, Apt. #, etc.

City, State BOCA RATON, FL

Zip Code &amp; Country

33486

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PSD  
Name (Last, First, Middle, Title) ARCURI, KAREN LEIGH, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3113 CORMORANT ROAD EAST  
City, State DELRAY BEACH, FL  
Zip Code & Country 33444

Title T  
Name (Last, First, Middle, Title) ARCURI, JACK MICHAEL, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3113 CORMORANT ROAD EAST  
City, State DELRAY BEACH, FL  
Zip Code & Country 33444

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State

**ATTACHMENT**  
50014258  
#01000005216

Zip Code & Country

33486

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PSP  
*Paula Leigh Acuna*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that