

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90155 005 ****61.25

DOCUMENT # 717401

1. Entity Name

AQUARIUS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2751 S OCEAN DRIVE
 HOLLYWOOD, FL . 33019

2751 S OCEAN DRIVE
 HOLLYWOOD, FL . 33019-2721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1445052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISSMAN, SEYMOUR
2751 S. OCEAN DR., 1703-S
HOLLYWOOD FL 33019

Name

JAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD KLEIN, WILLIAM 2751 S. OCEAN DR., #405-N HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D ZAHAVI, ROBERT 2751 S. OCEAN DR., #303N HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STD SMITH, SHARON 2751 S. OCEAN DR., #602-S HOLLYWOOD FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D FINKELSTEIN, MICHAEL 2751 S. OCEAN DR., #203-N HOLLYWOOD FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD WEISSMAN, SEYMOUR 2751 S. OCEAN DR., #1703-S HOLLYWOOD FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD FRAVEL, MICHAEL 2751 S. OCEAN DR., PH2-S HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		VPD	LISTER, JERRY	2751 S. OCEAN DR., #506-S HOLLYWOOD, FL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		D	GROSS, LORRAINE	2751 S. OCEAN DR., #306-S HOLLYWOOD, FL.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEYMOUR WEISSMAN 2/15/2000

Date

Daytime Phone #

954-921-7924

CR2E037 (9/99)