


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90032 013 \*\*\*\*61.25

**DOCUMENT # 717401**  
 1. Entity Name  
**AQUARIUS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **2751 S OCEAN DRIVE HOLLYWOOD FL 33019**  
 Mailing Address: **2751 S OCEAN DRIVE HOLLYWOOD FL 33019**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**SACCO, BARBARA**  
**2751 S. OCEAN DR.**  
**303-S**  
**HOLLYWOOD FL 33019**

4. FEI Number: **59-1445052**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name: **PAUL M. FINFER**  
 Street Address (P.O. Box Number is Not Acceptable): **2751 S OCEAN DRIVE**  
 City: **HOLLYWOOD, FL** Zip Code: **33019**

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: *Paul M. Finfer*  
 (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: <b>SD</b> NAME: <b>KORNGOLD, JOYCE</b> STREET ADDRESS: <b>2751 S. OCEAN DR.</b> CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>GOLDSTONE, JOYCE</b> STREET ADDRESS: <b>2751 S OCEAN DR</b> CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>PD</b> NAME: <b>SACCO, BARBARA</b> STREET ADDRESS: <b>2751 S. OCEAN DR.</b> CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>VD</b> NAME: <b>WILLOUGHBY, JOANNE</b> STREET ADDRESS: <b>2751 S. OCEAN DR.</b> CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>LIPMAN, MARK</b> STREET ADDRESS: <b>2751 S OCEAN DR</b> CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>PRESIDENT</b> NAME: <b>PAUL M. FINFER</b> STREET ADDRESS: <b>2751 S. OCEAN DRIVE # 702-S</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>VICE PRESIDENT</b> NAME: <b>ORLANDO HERRERA</b> STREET ADDRESS: <b>2751 S. OCEAN DRIVE # 902-S</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>TREASURER</b> NAME: <b>RAUL ROBAINA</b> STREET ADDRESS: <b>2751 S. OCEAN DR. # 1802-N</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>SECRETARY</b> NAME: <b>HARRY SMITH</b> STREET ADDRESS: <b>2751 S. OCEAN DR. # 602-S</b> CITY-ST-ZIP: <b>HOLLYWOOD, FL. 33019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 empowered.

SIGNATURE: *Paul M. Finfer*      2/3/04      954-921-7924  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #