


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90062 044 \*\*\*\*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

**50013623**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1445052**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FINEER, PAVE M**  
**2751 S. OCEAN DR.**  
**702-S**  
**HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent  
 Name **I PPOLO, PAMELA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2751 S. OCEAN DR. #1103 N**  
 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 *Pamela Ippolito* **President** DATE **2-3-05**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>FINEER, PAUL M</b><br><b>2751 S. OCEAN DR.</b><br><b>HOLLYWOOD, FL 33019</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>FINEER, PAUL M.</b><br><b>2751 S. OCEAN DR. #702S</b><br><b>Hollywood, FL 33019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>HERRERA, ORLANDO</b><br><b>2751 S OCEAN DR</b><br><b>HOLLYWOOD, FL 33019</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P</b><br><b>Ippolito, Pamela</b><br><b>2751 S. OCEAN DR. #1103 N</b><br><b>Hollywood, FL 33019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>ROBAINA, RAUL</b><br><b>2751 S. OCEAN DR.</b><br><b>HOLLYWOOD, FL 33019</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>RAWISZEK CLAUDIA</b><br><b>2751 S. OCEAN DR. #205S</b><br><b>Hollywood, FL 33019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>SMITH, HARRY</b><br><b>2751 S. OCEAN DR.</b><br><b>HOLLYWOOD, FL 33019</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LIPMAN, MARK</b><br><b>2751 S OCEAN DR</b><br><b>HOLLYWOOD, FL 33019</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>WILLOUGHBY, JOANNE</b><br><b>2751 S. OCEAN DR. #1003S</b><br><b>Hollywood, FL 33019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Pamela Ippolito* **President** DATE **2-3-05** DAYTIME PHONE # **954925-3569**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR