


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 717401</b> 1. Entity Name <b>AQUARIUS CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>2751 S OCEAN DRIVE HOLLYWOOD FL 33019</b>	Mailing Address <b>2751 S OCEAN DRIVE HOLLYWOOD FL 33019</b>
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>59-1445052</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

<b>CHASE, ARKADY 2751 S. OCEAN DR. PH5 N HOLLYWOOD FL 33019</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <table style="width: 100%; border: none;"> <tr> <td style="text-align: right; border: none;"><b>FL</b></td> <td style="border: none;">Zip Code</td> </tr> </table>	<b>FL</b>	Zip Code
<b>FL</b>	Zip Code		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (acceptance). (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE, ARKADY</b>	NAME	
STREET ADDRESS	<b>2751 S OCEAN DR. PH 5 N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEODORE, HELEN P</b>	NAME	
STREET ADDRESS	<b>2751 S OCEAN DR. 1705 N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDALS, PHYLLIS</b>	NAME	
STREET ADDRESS	<b>2751 S OCEAN DR. 1808 S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTONE, JOYCE</b>	NAME	
STREET ADDRESS	<b>2751 S. OCEAN DR. 1804 N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZILIST, LEV</b>	NAME	
STREET ADDRESS	<b>2751 S OCEAN DR. 1507 N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Arkady Chase PRES 2/21/08