


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90162 037 \*\*\*\*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  
**2751 S. OCEAN DR.**

3. Mailing Address  
**2751 S. OCEAN DR.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FL.**

City & State  
**HOLLYWOOD, FL.**

Zip  
**33019**

Country  
**USA**

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

**SACCO, BARBARA  
2751 S. OCEAN DR.  
303-S  
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name  
**JAME**

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

City  
**FL** 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 *Barbara Sacco* **(BARBARA SACCO) PRESIDENT 3/19/03**

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

**FILE NOW: FEE IS \$61.25**

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>	<input type="checkbox"/> Delete
NAME	<b>KORNGOLD, JOYCE</b>	
STREET ADDRESS	<b>2751 S. OCEAN DR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLDBERG, JEROME</b>	
STREET ADDRESS	<b>2751 S. OCEAN DR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JASPAN, SALOMAO</b>	
STREET ADDRESS	<b>2751 S. OCEAN DR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SACCO, BARBARA</b>	
STREET ADDRESS	<b>2751 S. OCEAN DR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLOUGHBY, JOANNE</b>	
STREET ADDRESS	<b>2751 S. OCEAN DR.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIPMAN, MARK</b>	
STREET ADDRESS	<b>2751 S. OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL. 33019</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDSTONE, JOYCE</b>	
STREET ADDRESS	<b>2751 S. OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL. 33019</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara Sacco* **REC (BARBARA SACCO) PRESIDENT 3/19/03 254-921-7924**

CR2E037 (10/02)