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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT * 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704334 (2)

1. Corporation Name
THE AQUA VISTA CIRCLES CORPORATON, INC.

Principal Place of Business Mailing Address

54 AQUA VISTA ORMOND BEACH FL 32176-3109 **54 AQUA VISTA DRIVE ORMOND BEACH FL 32176-3109 US**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/26/1962** 3a. Date of Last Report **02/18/1994**

4. FEI Number **52-0743033** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SHAY, CONNIE
44 AQUA VISTA DR
ORMOND BCH FL 32176**

10. Name and Address of New Registered Agent

81 Name **200001442492**

82 Street Address (P.O. Box Number is Not Permitted) **03/28/95 - 01035 005**
*******61.25 *****61.25**

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN L	1.2 NAME	John Beres
STREET ADDRESS	54 AQUA VISTA DRIVE	1.3 STREET ADDRESS	36 Aqua Vista Dr. Ormond Bch Fl
CITY - ST - ZIP	ORMOND BEACH FL 32176	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, CHARLES	2.2 NAME	Fran Gamash
STREET ADDRESS	59 AQUA VIST DRIVE	2.3 STREET ADDRESS	4 Melaleuca Crl. Ormond Bch Fl
CITY - ST - ZIP	ORMOND BEACH FL 32176	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETSON, MARY	3.2 NAME	Thomas R. Shay
STREET ADDRESS	20 AQUA VISTA DR	3.3 STREET ADDRESS	44 Aqua Vista Dr. Ormond Bch, Fl
CITY - ST - ZIP	ORMOND BEACH FL 32176	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAY, CONNIE	4.2 NAME	Connie Shay
STREET ADDRESS	44 AQUA VISTA DRIVE	4.3 STREET ADDRESS	44 Aqua Vista Dr. Ormond Bch, Fl
CITY - ST - ZIP	ORMOND BEACH FL 32176	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, RICHARD	5.2 NAME	John L. Smith, 54 Aqua Vista Dr
STREET ADDRESS	32 AQUA VISTA DRIVE	5.3 STREET ADDRESS	54 Aqua Vista Dr. Ormond Beach Fl
CITY - ST - ZIP	ORMOND BEACH FL 32176	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERES, JOHN	6.2 NAME	Richard Baum
STREET ADDRESS	36 AQUA VISTA DRIVE	6.3 STREET ADDRESS	32 Aqua Vista Dr. Ormond Bch Fl
CITY - ST - ZIP	ORMOND BEACH FL 32176	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in the attachment with an address.

SIGNATURE: *Thomas R. Shay* 3-15-95 904-441-5125
 _____ Date _____ Daytime Phone # _____
 THOMAS R. SHAY TALLAHASSEE