

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

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 704334 (2)**

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



Principal Place of Business Mailing Address  
**1 Holly Circle 1 Holly Circle**  
~~44 AQUA VISTA~~ ~~ST AQUA VISTA DRIVE~~  
**ORMOND BEACH FL 32176-3109** **ORMOND BEACH FL 32176-3109**  
**US**

3. Date Incorporated or Qualified **07/26/1962** 3a. Date of Last Report **03/14/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>52-0743033</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SHAY, CONNIE 44 AQUA VISTA DR ORMOND BCH FL 32176</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JOHN L</b>	1.2 NAME	<b>Stacey Skinner</b>
STREET ADDRESS	<b>54 AQUA VISTA DRIVE</b>	1.3 STREET ADDRESS	<b>6 Ligustrum Circle</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY - ST - ZIP	<b>Ormond Beach</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAMASH, FRAN</b>	2.2 NAME	<b>John Purcell</b>
STREET ADDRESS	<b>1 MELALEUCA CRL</b>	2.3 STREET ADDRESS	<b>2 Holly Circle</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	2.4 CITY - ST - ZIP	<b>Ormond Beach</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAY, THOMAS R.</b>	3.2 NAME	<b>Same</b>
STREET ADDRESS	<b>44 AQUA VISTA DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAY, CONNIE</b>	4.2 NAME	<b>Same</b>
STREET ADDRESS	<b>44 AQUA VISTA DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUM, RICHARD</b>	5.2 NAME	<b>John Beres</b>
STREET ADDRESS	<b>32 AQUA VISTA DR</b>	5.3 STREET ADDRESS	<b>36 Aqua Vista Dr</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	5.4 CITY - ST - ZIP	<b>Ormond Beach</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERES, JOHN</b>	6.2 NAME	<b>Richard Lohmann</b>
STREET ADDRESS	<b>36 AQUA VISTA DR</b>	6.3 STREET ADDRESS	<b>1 Holly Circle</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 on an attachment with an address.

SIGNATURE: **THOMAS R. SHAY** **THOMAS R. SHAY** **2-6-97** **1908/441-5175**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone Area Code

CR2E037 (9/96)