NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 704334

1. Corporation Name

THE AQUA VISTA CIRCLES CORPORATON, INC.						,	
Principal Place	e of Business	Mailing Address	-				
	CH FL 32176-3109	1 HOLLY CIR. ORMOND BEACH FL 32176-3109					
us 44 Aqua Vista Dr. 444AAquayVist			anDr		1 (50(1) (60)) 60))	,	
					76		
2. Principal Pl	d Beach Fl 323176 lace of Business	Ormond Bch.	r1.	3517	7 5 3. Date Incorporated or Qualifed		
21		26			07/26/1962		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22		City 9 State			59-0743033 Not Applica \$8.75 Additiona	$\overline{}$	
City & State	e	City & State			5. Certificate of Status Desired Fee Required	'	
Zip	Country	Zip Country		,	6 Flection Compaign Financing \$5.00 Nov Ro		
24	25	29 30	¬ · ′ · ′	`	Trust Fund Contribution Added to Fees		
	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Registered Agent		
				Name	ð		
SHAY, CONNIE			82	Street	t Address (P.O. Box Number is Not Acceptable)		
44 AQUA VISTA DR							
ORMOND BCH FL 32176			83		† •		
			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes,	the abov	e-named	d corporation submits this statement for the purpose of changing its registered	ed	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	onzed by	the corp	poration's board of directors. I hereby accept the appointment as registered	- 1	
SIGNATURE	<u> </u>	,				l	
	Signature, typed or printed name of registered agen	, (0	nt signature (e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	2	
12,	OFFICERS AN		13.		Channa MA		
TITLE	P DOUBLED	DELETE	1.1 TITLE		Shay, Thomas		
NAME	LOHMANN, RICHARD		1.2 NAME	T ADDRESS		- 1	
STREET ADDRESS	1 HOLLY CIR ORMOND BEACH FL 32176		1.4 CITY-5		s 44 Aqua Vista Dr. Ormond Bch Fl 32176]	
CITY-ST-ZIP	VP	DELETE	2.1 TITLE		Change SAd	dition	
NAME	PURCHELL, JOHN	~	2.2 NAME		VP	ŀ	
STREET ADDRESS	A 1161111 AIG			TADORESS	Bain, Jim	ĺ	
	ORMOND BEACH FL		2.4 CITY-		8 Agua Vista Dr.	1	
CITY-ST-ZIP TITLE	T DEMOND BEACH TE	☐ DELETE	3.1 TITLE	<u> </u>	T Change Add	dition.	
NAME	SHAY, THOMAS R.		32 NAME		1	- 1	
STREET ADDRESS	44 AQUA VISTA DR		3.3 STREE	T ADDRESS	Kelly, Ruth ^s 58 Agua Vista Dr.	٠,	
CITY-ST-ZIP	ORMOND BEACH FL		3.4. CITY-	ST-ZIP	O		
TITLE	\$	☐ DELETE	4.1 TTTLE		Change A	dition	
NAME	SHAY, CONNIE		4. 2 NAME		'IS	ł	
STREET ADDRESS	44 AQUA VISTA DRIVE	•	4.3 STREE	TADORESS		}	
CITY+ST-ZIP	ORMOND BEACH FL	<u></u>	4.4 CITY-5	T-ZIP	Ormond Bch.Fl. 32176		
TITLE	D	☐ DELETE	5.1 TITLE		D □ Change	dition	
NAME	BAUM, RICHARD		5.2 NAME		Primary Printers and		
STREET ADDRESS	32 AQUA VISTA DR			T ADDRESS	32 Aqua Vista Dr.)	
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-5	T-ZIP		alisio :	
TITLE	D	DELETE	6.1 TITLE			ן מסטוט	
F	RERES JOHN	•	6.2 NAME		D	- 1	

STREET ADDRESS

36 AQUA VISTA DR

6.3 STREET ADDRESS

10 Horly Circle

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 5-8660 119.00 (1), Fibrilla Statutes in 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 36 AQUA VISTA DR

FILED

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Mar 11, 1999 8:00 am § Secretary of State