


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 704334 1. Entity Name THE AQUA VISTA CIRCLES CORPORATON, INC.	
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Principal Place of Business 32 AQUA VISTA DR ORMOND BEACH FL 32176 US	Mailing Address 32 AQUA VISTA DR ORMOND BEACH FL 32176 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0743033	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAUM, LAVERNE
32 AQUA VISTA DR
ORMOND BCH FL 32176

7. Name and Address of New Registered Agent

Name _____
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D LOHMANN, RICHARD <input type="checkbox"/> Delete 1 HOLLY CIR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANNON, JOHN <input type="checkbox"/> Delete 1 LIGUSTRUM CIRCLE ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEWLIS, JIM <input type="checkbox"/> Delete 30 AQUA VISTA DR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I BAUM, LAVERNE <input type="checkbox"/> Delete 32 AQUAVISTA DR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, RICHARD <input type="checkbox"/> Delete 32 AQUA VISTA DR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGER, MARY <input type="checkbox"/> Delete 18 AQUA VISTA DR ORMOND BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;"> U00000081606 03/08/04-80157-004 61.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Laverne L. Baum, Treasurer* 03-06-04