


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # 704334
1. Entity Name
THE AQUA VISTA CIRCLES CORPORATON, INC.



Principal Place of Business Mailing Address
32 AQUA VISTA DR 32 AQUA VISTA DR
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-0743033 Not Applicable

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

1st MOORE CR2E037 (10/06)

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 re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000680282
04/03/07-80072-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* (LAVERNE L. BAUM) 03/23/07 386-441-5625