

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# 704334

Entity Name: THE AQUA VISTA CIRCLES CORPORATON, INC.

Current Principal Place of Business:

32 AQUA VISTA DR
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

32 AQUA VISTA DR
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-0743033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUM, LAVERNE
32 AQUA VISTA DR
ORMOND BCH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOHMANN, RICHARD
Address: 1 HOLLY CIR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: BANNON, JOHN
Address: 1 LIGUSTRUM CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: P () Delete
Name: THEWLIS, JIM
Address: 30 AQUA VISTA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: BAUM, LAVERNE
Address: 32 AQUAVISTA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BAUM, RICHARD,
Address: 32 AQUA VISTA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: MAGER, MARY
Address: 18 AQUA VISTA DR
City-St-Zip: ORMOND BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KNIGHT, ROBERT
Address: 20 AQUA VISTA DR
City-St-Zip: ORMOND BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVERNE L. BAUM

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date