

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704334

FILED
Apr 16, 2012
Secretary of State

Entity Name: THE AQUA VISTA CIRCLES CORPORATON, INC.

Current Principal Place of Business:

6 LIGUSTRUM CIRCLE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

6 LIGUSTRUM CIRCLE
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:

SIMMONS, STEVAN L
6 LIGUSTRUM CIRCLE
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
Name: LOHMANN, RICHARD
Address: 1 HOLLY CIR
City-St-Zip: ORMOND BEACH, FL 32176 US

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

Title: P
Name: SIMMONS, STEVAN L
Address: 6 LIGUSTRUM CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: T
Name: SIMMONS, CARMEN P
Address: 6 LIGUSTRUM CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D
Name: MAGER, MIKE
Address: 18 AQUA VISTA DR
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: S
Name: WHITE, TERESA
Address: 1 PALM CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby 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 all other like empowered.

SIGNATURE: STEVAN L SIMMONS

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04/16/2012

Electronic Signature of Signing Officer or Director

Date