

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90087 047 \*\*\*\*61.25

**DOCUMENT # 704334**

1. Entity Name  
**THE AQUA VISTA CIRCLES CORPORATON, INC.**



Principal Place of Business      Mailing Address

**32 AQUA VISTA DR  
ORMOND BEACH FL 32176  
US**      **32 AQUA VISTA DR  
ORMOND BEACH FL 32176  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0743033**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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: *Laverne L. Baum*      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOHMANN, RICHARD</b>	
STREET ADDRESS	<b>1 HOLLY CIR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BANNON, JOHN</b>	
STREET ADDRESS	<b>1 LIGUSTRUM CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THEWLIS, JIM</b>	
STREET ADDRESS	<b>30 AQUA VISTA DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BAUM, LAVERNE</b>	
STREET ADDRESS	<b>32 AQUAVISTA DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAUM, RICHARD</b>	
STREET ADDRESS	<b>32 AQUA VISTA DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BYRD, SHIRLEY</b>	
STREET ADDRESS	<b>4 AQUA VISTA DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAGER, MARY</b>	
STREET ADDRESS	<b>18 AQUA VISTA DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*      DATE: *3/25/03*      *386-441-5625*

CR2E037 (10/02)