

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90235 021 ****61.25

DOCUMENT # N00000004714

1. Entity Name

ACADIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DR
 SUN CITY CENTER FL 33573

2020 CLUBHOUSE DR
 SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

723 Imar Dr.
 Suite, Apt. #, etc.

723 Imar Dr.
 Suite, Apt. #, etc.

City & State

City & State

Sun City Center, FL

Sun City Center, FL

Zip

Country

Zip

Country

33573 USA

33573 USA

4. FEI Number

59-3450168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTING, VIVEN N
 24301 WALDEN CENTER DR, STE 300
 BONITA SPRINGS FL 34134

Name **MANOEL DE BONO**

Street Address (P.O. Box Number is Not Acceptable)
 2131 ACADIA GREENS DR

City **Sun City Center FL**

FL

Zip Code **33573**

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.

SIGNATURE

Manoel De Bono **Manoel De Bono, Pres.**

3/28/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEYER, R.C. JR	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, GARY	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	WHITE, DARREN	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manoel De Bono Manoel De Bono	
STREET ADDRESS	2131 Acadia Greens Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	V-P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Meredith RICHARD	
STREET ADDRESS	2158 Acadia Greens Dr.	
CITY-ST-ZIP	SCC, FL 33573	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurt Hoffmann KURT	
STREET ADDRESS	2123 Acadia Greens Dr.	
CITY-ST-ZIP	SCC, FL 33573	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Tkach JOHN	
STREET ADDRESS	2193 Acadia Greens Dr.	
CITY-ST-ZIP	SCC, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Halen GEORGE	
STREET ADDRESS	2164 Acadia Greens Dr.	
CITY-ST-ZIP	SCC, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Manoel De Bono **Manoel De Bono** 3-28-02 813-634-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)