

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90360 020 ****61.25

DOCUMENT # N00000004714

1. Entity Name

ACADIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

STERLING MANAGEMENT
1701- B RICKENBACKER DR.
SUN CITY CENTER FL 33573
US

Mailing Address

STERLING MANAGEMENT
1701- B RICKENBACKER DR.
SUN CITY CENTER FL 33573
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

59-3450168

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

DE FURIO, JAMES R
101 E. KENNEDY BLVD. SUITE 1030
TAMPA FL 33602

Name

James R. Defurio, Esquire
101 E. Kennedy Blvd. Suite 3000
Tampa, FL 33602

City

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

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
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DE BONO, MANDEL ☒ Delete
STREET ADDRESS 2131 ACADIA GREENS DR
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE PD ☐ Change ☒ Addition
NAME O'Vette, James
STREET ADDRESS 2135 Acadia Greens Dr.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE VPD
NAME MEREDITH, RICHARD ☒ Delete
STREET ADDRESS 2158 ACADIA GREENS DR
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VPD ☐ Change ☒ Addition
NAME Prindeville, Jean
STREET ADDRESS 2192 Acadia Greens Dr.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE SD
NAME TRAMMELL, DORIS ☒ Delete
STREET ADDRESS 2122 ACADIA GREENS DR.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE SD ☐ Change ☒ Addition
NAME Evans, Ellie
STREET ADDRESS 2139 Acadia Greens Dr.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD
NAME TKACH, JOHN ☐ Delete
STREET ADDRESS 2193 ACADIA GREENS DR
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GALEN, GEORGE ☐ Delete
STREET ADDRESS 2164 ACADIA GREENS DR
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #