2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2005 8:00 am Secretary of State DOCUMENT # N0000004714 1. Entity Name 05-04-2005 90149 040 ****61.25 ACADIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address STERLING MANAGEMENT 1701- B RICKENBACKER DR. SUN CITY CENTER FL 33573 STERLING MANAGEMENT 1701- B RICKENBACKER DR 20057661 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3450168 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Law Offices of James R. De Furio, P.A. DE FURIO, JAMES R 201 East Kennedy Boulevard 101 E. KENNEDY BLVD, SUITE 3000 **Suite 1460 TAMPA FL 33602** Tampa, Florida 33602 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. TITLE DITE ☐ Change □ Detete ☐ Addition AYOTTE, JAMES NAME NAME 2135 ACADIA GREENS DR. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition PRINDEVILLE, JEAN NAME NAME 2192 ACADIA GREENS DR. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition EVANS, ELLIE NAME NAME 2139 ACADIA GREENS DR. STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TKACH, JOHN NAME NAME 2193 ACADIA GREENS DR STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change GALEN, GEORGE NAME NAME 2164 ACADIA GREENS DR STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CHTY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 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.

FILED