

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90265 049 ****61.25

DOCUMENT # N00000004714

1. Entity Name

ACADIA CONDOMINIUM ASSOCIATION, INC.



*****New Address*****

Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

*****New Address*****

Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

1000300Z



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3450168		Applied For	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DE BONO, MANDEL 2131 ACADIA GREENS DR SUN CITY CENTER FL 33573				James R. De Furio, Esquire 101 E. Kennedy Blvd., Suite 1030 Tampa, FL 33602			
				FL Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James R. De Furio* Attorney (NOTE: Registered agent signature required when reinstating) DATE **MAR 25 2003**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DE BONO, MANDEL			NAME	Trammell, Doris		
STREET ADDRESS	2131 ACADIA GREENS DR			STREET ADDRESS	2122 Acadia Greens Dr.		
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEREDITH, RICHARD			NAME			
STREET ADDRESS	2158 ACADIA GREENS DR			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, KURT			NAME			
STREET ADDRESS	2123 ACADIA GREENS DR			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TKACH, JOHN			NAME			
STREET ADDRESS	2193 ACADIA GREENS DR			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALEN, GEORGE			NAME			
STREET ADDRESS	2164 ACADIA GREENS DR			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Michael D. Bono* REQUIRED 2/26/03

CR2E037 (10/02)