
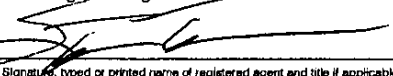



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

06-24-2005 90004 009 \*\*\*\*61.25

<b>DOCUMENT # N01000008622</b> 1. Entity Name <b>ACADIA ESTATES COMMUNITY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7836 W IRLO BRONSON HWY KISSIMMEE, FL 34747</b>			Mailing Address <b>7836 W IRLO BRONSON HWY KISSIMMEE, FL 34747</b>		
2. Principal Place of Business <b>7822 W. Irlo Bronson Hwy</b>		3. Mailing Address <b>7822 W. Irlo Bronson Hwy</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>		4. FEI Number <b>90-0105756</b>	
Zip <b>34747</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34747</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIGLIOTTI, JOHN 400 W NEW ENGLAND AVE SUITE 9 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>Steve Trover</b> Street Address (P.O. Box Number is Not Acceptable) <b>7822 W. Irlo Bronson Hwy.</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34747</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>STEVE TROVER</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>6/14/05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIGLIOTTI, JOHN</b> <b>400 W NEW ENGLAND AVE SUITE 9</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROVER, STEVE</b> <b>7822 W IRLO BRONSON HWY</b> <b>KISSIMMEE, FL 34747</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GWENDOLYN, LAGUARDIA</b> <b>400 W NEW ENGLAND AVE SUITE 9</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

**6/15/05 407-997-0733**  
Date Daytime Phone #