

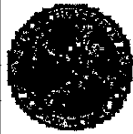
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90187 018 \*\*\*\*61.25

**DOCUMENT # N01000008622**

1. Entity Name  
**ACADIA ESTATES COMMUNITY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747**

Mailing Address  
**7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**90-0105756**

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

**TROVER, STEVE  
7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GIGLIOTTI, JOHN  
400 W NEW ENGLAND AVE SUITE 9  
WINTER PARK, FL 32789** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
PHILIP TROVER  
7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TROVER, STEVE  
7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
FRANK DIGIOVANNI  
7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GWENDOLYN, LAGUARDIA  
400 W NEW ENGLAND AVE SUITE 9  
WINTER PARK, FL 32789** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY/TREASURER  
WILLIAM H. RUNDLE  
7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William H. Rundle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

407-997-0733

Daytime Phone #