

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704334

FILED
Jan 18, 2020
Secretary of State
7504926875CC

Entity Name: THE AQUA VISTA CIRCLES CORPORATON, INC.

Current Principal Place of Business:

1 PINE TREE CIRCLE
ORMOND BEACH, FL 32176

Current Mailing Address:

1 PINE TREE CIRCLE
ORMOND BEACH, FL 32176 US

FEI Number: 59-0743033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAHL, MELINDA S
1 PINE TREE CIRCLE
ORMOND BCH, FL 32176 US

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.

SIGNATURE: MELINDA STAHL

01/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MEASEL, JOHN
Address 3WATER OAK CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title VP
Name CLEARY, LINDA
Address 54 AQUA VISTA DR.
City-State-Zip: ORMOND BEACH FL 32176

Title PRESIDENT
Name STAHL, MELINDA S
Address 1 PINE TREE CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title TREASURER
Name SIMMONS, CARMEN P
Address 6 LIGUSTRUM CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name MAGER, MIKE
Address 18 AQUA VISTA DR
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name HOPKINS, MARIA
Address 1 EUCALYPTUS CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title SECRETARY
Name WHITE, JOHN
Address 1 PALM CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name MARTIN, BOB
Address 24 AQUA VISTA DR
City-State-Zip: ORMOND BEACH FL 32176

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELINDA STAHL

PRESIDENT

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOPKINS, MARIA
Address 1 EUCALYPTUS CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name STAHL, KEN
Address 1 PINE TREE CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name CARNES, MIKE
Address 40 AQUA VISTA DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name VONADA, ANGELA
Address 3 PINE TREE CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name CLEARY, LINDA
Address 54 AQUA VISTA DR
City-State-Zip: ORMOND BEACH FL 32176