

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704334

FILED
Apr 26, 2015
Secretary of State
CC8213676360

Entity Name: THE AQUA VISTA CIRCLES CORPORATON, INC.

Current Principal Place of Business:

6 LIGUSTRUM CIRCLE
ORMOND BEACH, FL 32176

Current Mailing Address:

6 LIGUSTRUM CIRCLE
ORMOND BEACH, FL 32176 US

FEI Number: 59-0743033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, STEVAN L
6 LIGUSTRUM 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOHMANN, RICHARD
Address 1 HOLLY CIR
City-State-Zip: ORMOND BEACH FL 32176

Title VP
Name THEWLIS, AGNES
Address 30 AQUA VISTA DR.
City-State-Zip: ORMOND BEACH FL 32176

Title PRESIDENT
Name SIMMONS, STEVAN L
Address 6 LIGUSTRUM 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 WHITE, TERESA
Address 1 PALM 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 MRTIN, 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: STEVAN L SIMMONS

PRESIDENT

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERES, JOHN
Address 36 AQUA VISTA DR
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name DESOTTO, JOE
Address 4 MELALEUCA IRCLE
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 ROBISON, LYNN
Address 46 AQUA VISTA DR
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name SUSSMAN, BETH
Address 6 HOLLY CIRCLE
City-State-Zip: ORMOND BEACH FL 32176