

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704334

**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

03/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SILVA, EUGENE DIRECTOR AT LARGE  
Address 6 PINE TREE CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name MCKINNEY, SHARON  
Address 2 WATER OAK CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title PRESIDENT  
Name HURST, PHILLIP  
Address 16 AQUA VISTA DR  
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 MARANODINO, KATHY  
Address 5 WATER OAK CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title SECRETARY  
Name MURPHY, KATHY  
Address 6 MELALEUCA 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

**DIRECTOR**

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WILKIE, THOMAS  
Address 4 MAGNOLIA CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name STAHL, MELINDA  
Address 1 PINE TREE 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 SHELTON, LYNNE  
Address 20 AQUA VISTA DRIVE  
City-State-Zip: ORMOND BEACH FL 32176