

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N01000008622

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

**FILED  
Oct 13, 2017  
Secretary of State  
CC5991376973**

**Current Principal Place of Business:**

101 PARK PLACE BLVD.  
STE. 2  
KISSIMMEE, FL 34741

**Current Mailing Address:**

101 PARK PLACE BLVD.  
STE. 2  
KISSIMMEE, FL 34741 US

**FEI Number:** 90-0105756

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL, INC.  
101 PARK PLACE BLVD.  
STE. 2  
KISSIMMEE, FL 34741 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:** LESLIE LUDLAM

10/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOCONTI, ROBERT  
Address        101 PARK PLACE BLVD.  
                  STE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            VP  
Name            EATON, TONY  
Address        101 PARK PLACE BLVD.  
                  STE. 2  
City-State-Zip: KISSIMMEE FL 34741

Title            SECRETARY, TREASURER  
Name            LOCONTI, BONNIE  
Address        101 PARK PLACE BLVD.  
                  STE. 2  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            ANDERSON, BOB  
Address        101 PARK PLACE BLVD.  
                  STE. 2  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            LOCONTI, GARY  
Address        101 PARK PLACE BLVD.  
                  STE. 2  
City-State-Zip: KISSIMMEE FL 34741

*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:** ROBERT LOCONTI

**PRESIDENT**

10/13/2017

Electronic Signature of Signing Officer/Director Detail

Date