

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008622

Entity Name: ACADIA ESTATES COMMUNITY OWNERS' ASSOCIATION, INC.**FILED**
Mar 02, 2018
Secretary of State
CC2297118720**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****03/02/2018**

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****03/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date