

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# 704334

Entity Name: THE AQUA VISTA CIRCLES CORPORATON, INC.

**Current Principal Place of Business:**

32 AQUA VISTA DR  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

32 AQUA VISTA DR  
ORMOND BEACH, FL 32176 US

**New Mailing Address:**

FEI Number: 59-0743033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BAUM, LAVERNE  
32 AQUA VISTA DR  
ORMOND BCH, FL 32176 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOHMANN, RICHARD  
Address: 1 HOLLY CIR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete  
Name: BANNON, JOHN  
Address: 1 LIGUSTRUM CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: P ( ) Delete  
Name: THEWLIS, JIM  
Address: 30 AQUA VISTA DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete  
Name: BAUM, LAVERNE  
Address: 32 AQUAVISTA DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: BAUM, RICHARD,  
Address: 32 AQUA VISTA DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: S ( ) Delete  
Name: MAGER, MARY  
Address: 18 AQUA VISTA DR  
City-St-Zip: ORMOND BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KNIGHT, ROBERT  
Address: 20 AQUA VISTA DR  
City-St-Zip: ORMOND BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAVERNE L. BAUM

T

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date