


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90373 008 ****61.25

DOCUMENT # 724350 1. Entity Name AQUA VILLA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 667 NAUTILUS COURT FORT WALTON BEACH, FL 32548			Mailing Address C/O DESTIN RESORTS, INC. 321 HWY 98 EAST DESTIN, FL 32541		
2. Principal Place of Business 114 Palmetto St Suite, Apt. #, etc. #2		3. Mailing Address PO Box 1895 Suite, Apt. #, etc.			
City & State DESTIN FL		City & State DESTIN, FL		4. FEI Number 59-1537171	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON/DALE C/O DESTIN RESORTS, INC. 321 HWY/98 EAST DESTIN/FL 32541			7. Name and Address of New Registered Agent SeaCoast Association Management 114 Palmetto Street #2 Destin, FL 32541		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Walter Leirer</u> <u>WALTER LEIRER</u> <u>4.20.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, JERRY 2115 DENNIS DRIVE HAMMOND, LA 70401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & TREASURER LYONS, JERRY 2115 DENNIS DRIVE HAMMOND, LA 70401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, BOBBY 666 NAUTILUS CT #403 FT WALTON BCH, FL 32548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINS, BOB 925 FIRST ST HUDSON, WI 54016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINS, BOB 2598 STAGECOACH TRAIL S AFTON, MN 550019779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECRETARY IMBLER, ANN 25188 MARION AVE F 208 PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIKKINEN, KEN 47663 LUCAS COVE ROAD LEXINGTON PARK, MD 20653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUBE, RICHARD 1556 BOISON GROVES LN PORT HURON, MI 48060-3377	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODEUR, LESTER 746 POWDERBAG CREEK ROAD HARTWELL, GA 30643		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, KATHLEEN 3360 DARTMOUTH DR. CINCINNATI, OH 45211	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Walter Leirer</u> <u>WALTER LEIRER</u> <u>4/24/06</u> <u>850-830-7717</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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