
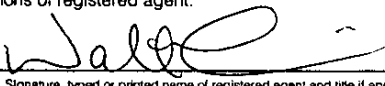


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 023 ****61.25

DOCUMENT # 724350 1. Entity Name AQUA VILLA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 114 PALMETTO ST #2 DESTIN, FL 32541			Mailing Address P.O. BOX 1895 DESTIN, FL 32540		
2. Principal Place of Business - No P.O. Box # 667 Nautilus Ct.		3. Mailing Address P.O. Box 1895			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Walton Beach FL		City & State Destin FL		4. FEI Number 59-1537171	
Zip 32548		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32540		Country Okaloosa		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SEACOAST ASSOCIATION MGMT 114 PALMETTO ST #2 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Seacoast Association Management Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Walt Leirer 12273 U.S. Hwy 98. Ste 204A City Destin FL Zip Code 32550	
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 				DATE 3.21.7	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	VT LYONS, JERRY <input type="checkbox"/> Delete 2411 RUE SIMONE HAMMOND, LA 70403			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathleen Fields <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3360 Dartmouth Dr. Cincinnati OH 45211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IMBLOVE, ANN <input checked="" type="checkbox"/> Delete 25188 MARION AVE F-208 PUNTA GORDA, FL 33950			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Stroebe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1556 Edison Shores Ln. Port Huron MI 48060-3377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINS, BOB <input type="checkbox"/> Delete 925 FIRST ST HUDSON, WI 54016			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Belknap <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17 Gorham Rd. Divernon, IL 62530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARDEBE, RICHARD <input checked="" type="checkbox"/> Delete 1556 POISON SHORES LN PORT HURON, MI 480603377			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, KATHLEEN <input type="checkbox"/> Delete 3360 DARTMOUTH DR CINCINNATI, OH 45211			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 