

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90029 045 \*\*\*\*61.25

**DOCUMENT # 724350**

1. Entity Name  
**AQUA VILLA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**667 NAUTILUS CT  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**P.O. BOX 1895  
DESTIN, FL 32540**

40040100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1537171**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEACOAST ASSOCIATION MGMT  
C/O WALT LEIRER  
12273 U.S. HWY 98 STE 204A  
MIRAMAR BEACH, FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
2411 RUE SIMONE  
HAMMOND, LA 70403** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP Penny Raacke  
2411 Rue Simone  
Hammond, La 70403** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D SCHOLBE, RICHARD  
1556 EDISON SHORES LN.  
PORT HURON, MI 480603377** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P ATKINS, BOB  
925 FIRST ST  
HUDSON, WI 54016** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D BELKNAP, DAVID  
17 GORHAM RD.  
DIVERNON, IL 62530** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Treas David Belknap  
17 Gorham RD.  
Divernon, IL 62530** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S FIELDS, KATHLEEN  
3360 DARTMOUTH DR  
CINCINNATI, OH 45211** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ 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.**