

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724350

FILED
Apr 06, 2009
Secretary of State

Entity Name: AQUA VILLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

667 NAUTILUS CT
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1895
DESTIN, FL 32540

New Mailing Address:

P.O. BOX 5002
DESTIN, FL 32540

FEI Number: 59-1537171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TIME ASSOCIATION AND PROPERTY MGMT
12889 EMERALD COAST PARKWAY
SUITE 110-A
MIRAMAR BEACH, FL 32550 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: TRACIE MARTIN

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RAACKE, PERRY
Address: 2411 RUE SIMONS
City-St-Zip: HAMMOND, LA 70403

Title: D () Delete
Name: SCHOEBE, RICHARD
Address: 1556 EDISON SHORES LN.
City-St-Zip: PORT HURON, MI 480603377

Title: P () Delete
Name: ATKINS, BOB
Address: 925 FIRST ST
City-St-Zip: HUDSON, WI 54016 33

Title: T () Delete
Name: BELKNAP, DAVID
Address: 17 GORHAM RD.
City-St-Zip: DIVERNON, IL 62530

Title: S () Delete
Name: FIELDS, KATHLEEN
Address: 3360 DARTMOUTH DR
City-St-Zip: CINCINNATI, OH 45211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ATKINS, BOB
Address: 925 FIRST ST
City-St-Zip: HUDSON, WI 54016 33

Title: P (X) Change () Addition
Name: POWERS, RICK
Address: 7719 COVE RIDGE DRIVE
City-St-Zip: HIXSON, TN 37343

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

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: TRACIE MARTIN

CAM

04/06/2009

Electronic Signature of Signing Officer or Director

Date