

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 033 ****61.25

DOCUMENT # 748745 1. Entity Name AQUI ESTA VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1217 AQUI ESTA BLVD PUNTA GORDA, FL 33950 US			Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1094464	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENE, JOAN 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33912				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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BUONNIAGGIO, KATHLEEN		NAME		
STREET ADDRESS	103 SUNNY SIDE NORTH		STREET ADDRESS		
CITY- ST- ZIP	QUEENSBURY, NY 12804		CITY- ST- ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCGRATH, CHESTER		NAME		
STREET ADDRESS	13320 OAKVIEW CT		STREET ADDRESS		
CITY- ST- ZIP	PALOS HEIGHTS, IL 60463		CITY- ST- ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WISLOWSKI, JUDITH		NAME		
STREET ADDRESS	1132 CARLA ANN LANE		STREET ADDRESS		
CITY- ST- ZIP	PEWAUKEE, WI 53072		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kathleen Buoniaggio</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-7-05 Daytime Phone # _____		
Kathleen BUONNIAGGIO President					

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