

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90002 036 ****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**

40095215



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1094464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENE, JOAN
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33912**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE PD
NAME BUONNIAGGIO, KATHLEEN
STREET ADDRESS 103 SUNNY SIDE NORTH
CITY-ST-ZIP QUEENSBURY, NY 12804 ☐ Delete

TITLE VPD
NAME MCGRATH, CHESTER
STREET ADDRESS 13320 OAKVIEW CT
CITY-ST-ZIP PALOS HEIGHTS, IL 60463 ☒ Delete

TITLE STD
NAME WISLOWSKI, JUDITH
STREET ADDRESS 1132 CARLA ANN LANE
CITY-ST-ZIP PEWAUKEE, WI 53072 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD
NAME ELWOOD DANIELSON
STREET ADDRESS 7217 AQUI ESTA DR #11
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change ☒ Addition

TITLE TD
NAME EUGENE PALERMO
STREET ADDRESS 2135 NORTH 77th COURT
CITY-ST-ZIP ELMWOOD PARK IL 60707 ☐ Change ☒ Addition

TITLE SD
NAME ROBERTA PALERMO
STREET ADDRESS 2135 NORTH 77th COURT
CITY-ST-ZIP ELMWOOD PARK IL 60707 ☐ Change ☒ Addition

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

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: *Kathleen Buoniaggio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-06