


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90056 005 \*\*\*\*61.25

<b>DOCUMENT # 748745</b> 1. Entity Name <b>AQUI ESTA VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1217 AQUI ESTA BLVD PUNTA GORDA, FL 33950 US</b>			Mailing Address <b>100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03022008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>65-1094464</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREENE, JOAN 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33912</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUONNIAGGIO, KATHLEEN <input type="checkbox"/> Delete 103 SUNNY SIDE NORTH QUEENSBURY, NY 12804			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANIELSON, ELWOOD <input checked="" type="checkbox"/> Delete 8217 AQUIESTA DR. #11 PUNTA GORDA, FL 33950			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judy Widowski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1132 Carlee ANN Lane PEWAUKEE WI 53072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMERO, EUGENE <input checked="" type="checkbox"/> Delete 2135 NORTH 77TH COURT PEWAUKEE, WI 53072			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bob Orzech <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2275 S MARMANUK C7 WAYKESHA WI 53189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALMERO, ROBIN <input checked="" type="checkbox"/> Delete 2125 NORTH 77TH COURT ELMWOOD PARK, IL 60707			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANK BUONVIAGGIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 371 BRADFORD AVE STATEN Island NY 10309
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
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.					
<b>SIGNATURE:</b> <i>Kathleen Buonniaggio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-5-08 <small>Date Daytime Phone #</small>	