2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# 748745

Entity Name: AQUI ESTA VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1217 AQUI ESTA BLVD
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-1094464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUONNIAGGIO, KATHLEEN
Address: 103 SUNNY SIDE NORTH
City-St-Zip: QUEENSBURY, NY 12804

Title: SD ( ) Delete
Name: WIDLOWSKI, JUDY
Address: 1132 CARLEE ANN LANE
City-St-Zip: PEWAUKEE, WI 53072

Title: TD ( ) Delete
Name: ORZECH, BOB
Address: W 275 S MARMANUKE CT
City-St-Zip: WAUKESHA, WI 53189

Title: VPD ( ) Delete
Name: BUONVIAGGIO, FRANK
Address: 271 BRADFORD AVE
City-St-Zip: STATEN ISLAND, NY 10309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUONVIAGGIO, KATHLEEN
Address: 103 SUNNY SIDE NORTH
City-St-Zip: QUEENSBURY, NY 12804

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

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

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: KATHLEEN BUONVIAGGIO PRES 02/22/2009

Electronic Signature of Signing Officer or Director — Date