

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764185

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: AQUA VISTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% SORENSON REALTY  
4306 DEL PRADO BLVD, SOUTH  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

AQUA VISTA CONDOMINIUM ASSOCIATION, INC.  
3609 SE 10TH AVENUE  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

% SORENSON REALTY  
4306 DEL PRADO BLVD, SOUTH  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 59-2304161      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORENSON REALTY, INC.  
4306 DEL PRADO BLVD, SOUTH  
CAPE CORAL, FL 33904 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: NUMMERADOR, ED  
Address: 3609 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: STD ( ) Delete  
Name: NUMMERADOR, ED  
Address: 3609 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: STD ( ) Delete  
Name: RAY, KATHRYNE  
Address: 3609 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Delete  
Name: GERLAND, DAVID  
Address: 3609 SE 10TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FENNER, CAROL  
Address: 3609 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: STD (X) Change ( ) Addition  
Name: RYAN, NANCY  
Address: 3609 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Change ( ) Addition  
Name: GERLAND, DAVID  
Address: 3609 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL FENNER

P

03/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date