

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# 764185

Entity Name: AQUA VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2930 DEL PRADO BLVD S
SUITE B
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

2930 DEL PRADO BLVD S
SUITE B
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:

SORENSEN, CATHY J
SORENSEN REALTY, INC.
2930 DEL PRADO BLVD S, SUITE B
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: FENNER, CAROL
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 () Delete
Name: GERLAND, DAVID
Address: 3609 SE 10TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NANCY RYAN

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date