


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004714 1. Entity Name ACADIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT 1701- B RICKENBACKER DR. SUN CITY CENTER, FL 33573 US			Mailing Address STERLING MANAGEMENT 1701- B RICKENBACKER DR. SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3450168			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO P A 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PD AYOTTE, JAMES	2135 ACADIA GREENS DR.	SUN CITY CENTER, FL 33573		
	VPD PRINDEVILLE, JEAN	2192 ACADIA GREENS DR.	SUN CITY CENTER, FL 33573		
	SD EVANS, ELLIE	2139 ACADIA GREENS DR.	SUN CITY CENTER, FL 33573		
	TD TKACH, JOHN	2193 ACADIA GREENS DR	SUN CITY CENTER, FL 33573		
	D GALEN, GEORGE	2164 ACADIA GREENS DR	SUN CITY CENTER, FL 33573		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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.					
SIGNATURE: <i>James L. Ayotte</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-23-06 Daytime Phone #	