

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90046 038 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
~~59-3450100~~ **59-3685127** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICES OF JAMES R DE FURIO P A  
201 E KENNEDY BLVD  
STE 1460  
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME AYOTTE, JAMES  
STREET ADDRESS 2135 ACADIA GREENS DR.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☒ Addition  
NAME **SD Lobo, Branimir**  
STREET ADDRESS **2132 Acadia Greens Dr.**  
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE VPD ☐ Delete  
NAME PRINDEVILLE, JEAN  
STREET ADDRESS 2192 ACADIA GREENS DR.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME EVANS, ELLIE  
STREET ADDRESS 2139 ACADIA GREENS DR.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME TKACH, JOHN  
STREET ADDRESS 2193 ACADIA GREENS DR  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GALEN, GEORGE  
STREET ADDRESS 2164 ACADIA GREENS DR  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James R. Ayotte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

(813) 642-8990

Daytime Phone #

**JAMES AYOTTE - PRESIDENT**