

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90081 036 \*\*\*\*61.25

<b>DOCUMENT # N00000004714</b> 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	
Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		pt. #, etc.  State  Country	
4. FEI Number 59-3685127		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME AYOTTE, JAMES STREET ADDRESS 2135 ACADIA GREENS DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE SD NAME ISHMAEL, DORIS STREET ADDRESS 2122 Acadia Greens Drive CITY-ST-ZIP SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME PRINDEVILLE, JEAN STREET ADDRESS 2192 ACADIA GREENS DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME LOBO, BRANIMIR STREET ADDRESS 2132 ACADIA GREENS DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME TKACH, JOHN STREET ADDRESS 2193 ACADIA GREENS DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GALEN, GEORGE STREET ADDRESS 2164 ACADIA GREENS DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.			
<b>SIGNATURE:</b> <i>John Tkach Treasurer</i>		3/10/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	