


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008622</b> 1. Entity Name <b>ACADIA ESTATES COMMUNITY OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7822 W IRLO BRONSON HWY KISSIMMEE, FL 34747</b>	Mailing Address <b>7822 W IRLO BRONSON HWY KISSIMMEE, FL 34747</b>
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**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>90-0105756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TROVER, STEVE  
7822 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747**

**DO NOT WRITE  
IN THIS SPACE**

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 02/02/06

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIGLIOTTI, JOHN 400 W NEW ENGLAND AVE SUITE 9 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROVER, STEVE 7822 W IRLO BRONSON HWY KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWENDOLYN, LAGUARDIA 400 W NEW ENGLAND AVE SUITE 9 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_ **1-20-06 407-997-072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #