FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747476** **(0)**

1. Corporation Name

AVONDALE WOOD HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
232 ARCADIA AVE WEST PALM BEACH FL 33414	232 ARCADIA AVE WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: 06/01/1979

3a. Date of Last Report: 03/08/1995

4. FEI Number: 59-2019334 ☐ Applied For ☑ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 12346 SAWGRASS CT.	26 12346 SAWGRASS CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WEST PALM BEACH FL.	28 City & State: WEST PALM BEACH FL.
24 Zip: 33414 25 Country: U.S.A.	29 Zip: 33414 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

MCCULLY, PATRICE
232 ARCADIA AVE.
W. PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name: MARIA WOLFE
82 Street Address (P.O. Box Number is Not Acceptable): 12346 SAWGRASS COURT
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Maria Wolfe — MARIA WOLFE — 4/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCULLY, PATRICE 232 ARCADIA AVE WEST PALM BEACH FL 33414	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD DUNKER, BARBARA 12354 SAWGRASS CT WEST PALM BEACH FL. 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNKER, MARK 12354 SAWGRASS CT WEST PALM BEACH FL 33414	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD DEEM SABRINA 12487 SAWGRASS CT WEST PALM BEACH FL. 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YORK, JOHN 12470 WEST HALL PLACE WEST PALM BEACH FL 33414	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD WOLFE MARIA 12346 SAWGRASS CT. WEST PALM BEACH FL. 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, LUCY M 12378 SAWGRASS CT WEST PALM BEACH FL 33414	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LUCY M. SMITH 4/15/96 407 790-3851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #