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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**12346 SAWGRASS CT.
WEST PALM BEACH FL 33414
US****12346 SAWGRASS CT.
WEST PALM BEACH FL 33414-4821
US**3. Date Incorporated or Qualified
06/01/19793a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARIA WOLFE
12346 SAWGRASS COURT
W. PALM BEACH FL 33414**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **PD** ☐ DELETE
NAME **DUNKER, BARBARA**
STREET ADDRESS **12354 SAWGRASS CT**
CITY-ST-ZIP **WEST PALM BEACH FL**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Deem, Sabrina**
1.3 STREET ADDRESS **12487 sawgrass ct**
1.4 CITY-ST-ZIP **Wellington, FL 33414**TITLE **VD** ☐ DELETE
NAME **DEEM, SABRINA**
STREET ADDRESS **12487 SAWGRASS CT**
CITY-ST-ZIP **WEST PALM BEACH FL**2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Dean, Cynthia**
2.3 STREET ADDRESS **12383 sawgrass ct**
2.4 CITY-ST-ZIP **Wellington, FL 33414**TITLE **TD** ☐ DELETE
NAME **WOLFE, MARIA**
STREET ADDRESS **12346 SAWGRASS CT**
CITY-ST-ZIP **WEST PALM BEACH FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **SMITH, LUCY M**
STREET ADDRESS **12378 SAWGRASS CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Maria Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

Daytime Phone # 0041141

CR2E037 (9/96)