

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90032 038 ****61.25

DOCUMENT # 747476

1. Entity Name

AVONDALE WOOD HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

**12389 SAWGRASS COURT
WELLINGTON FL 33414
US**

Mailing Address

**USPS PALMS WEST BRANCH
PO BOX 212853
ROYAL PALM BEACH FL 33411-9998
US**

2. Principal Place of Business

400 Arcadia Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Zip

33414

Country

US

Zip

Country

4. FEI Number

59-2019334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REDDIS, DAVID M
12389 SAWGRASS COURT
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Moses A. Boney

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

400 Arcadia Drive

City

Wellington

FL

Zip Code

33414

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

Moses A. Boney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE	PD	☐ Delete
NAME	HIMICH, GEORGE	
STREET ADDRESS	12386 SAWGRASS CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	☐ Delete
NAME	REDDIS, DAVID M	
STREET ADDRESS	12389 SAWGRASS COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	☐ Delete
NAME	KING, WILLIAM	
STREET ADDRESS	12402 SAWGRASS COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	James Barry	
STREET ADDRESS	12365 Sawgrass CT	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	TD	☒ Change ☐ Addition
NAME	Moses A. Boney	
STREET ADDRESS	400 Arcadia Drive	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	VPD	☒ Change ☐ Addition
NAME	Jules Rothus	
STREET ADDRESS	12374 Sawgrass CT	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	S/D	☐ Change ☒ Addition
NAME	Sabrina Kelly	
STREET ADDRESS	12290 Sawgrass CT	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: **Moses A. Boney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04

Daytime Phone #

561-798-2609