

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747476

FILED
Jan 24, 2006
Secretary of State

Entity Name: AVONDALE WOOD HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

400 ARCADIA DR.
WELLINGTON, FL 33414 US

New Principal Place of Business:

USPS PALMS WEST BRANCH
PO BOX 212853
ROYAL PALM BEACH, FL 334119998 US

Current Mailing Address:

USPS PALMS WEST BRANCH
PO BOX 212853
ROYAL PALM BEACH, FL 334119998 US

New Mailing Address:

FEI Number: 59-2019334 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BONEY, MOSES A
400 ARCADIA DR.
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

DEHNE, DERRIL W
12338 SAWGRASS COURT
WELLINGTON, FL 33414 US

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.

SIGNATURE: DERRIL DEHNE

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARRY, JAMES
Address: 12365 SAWGRASS CT.
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: BONEY, MOSES A
Address: 400 ARCADIA DR.
City-St-Zip: WELLINGTON, FL 33414

Title: VPD () Delete
Name: ROTHUS, JULES
Address: 12274 SAWGRASS CT.
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: KELLY, SABRINA
Address: 12290 SAWGRASS CT.
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEHNE, DERRIL
Address: 12338 SAWGRASS CT.
City-St-Zip: WELLINGTON, FL 33414

Title: TD (X) Change () Addition
Name: WHITE, MARY
Address: 12354 SAWGRASS CT.
City-St-Zip: WELLINGTON, FL 33414

Title: VPD (X) Change () Addition
Name: WERKHEISER, MIKE
Address: 12389 SAWGRASS CT.
City-St-Zip: WELLINGTON, FL 33414

Title: SD (X) Change () Addition
Name: DEHNE, CHRISTINE
Address: 12338 SAWGRASS CT.
City-St-Zip: WEST PALM BEACH, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRIL DEHNE

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date