2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# 747476

Entity Name: AVONDALE WOOD HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

12386 SAWGRASS CT.
WELLINGTON, FL 33414 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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WERKEISER, MIKE
12389 SAWGRASS COURT
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WERKEISER, MIKE	
Address:	PO BOX 212853	
City-St-Zip:	ROYAL PALM BEACH, FL 334119998	
Title:	TD	( ) Delete
Name:	HIMICH, GEORGE	
Address:	PO BOX 212853	
City-St-Zip:	ROYAL PALM BEACH, FL 334119998	
Title:	VPD	( ) Delete
Name:	GONZALEZ, JOSE	
Address:	PO BOX 212853	
City-St-Zip:	ROYAL PALM BEACH, FL 334119998	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE HIMICH TD 08/14/2007

Electronic Signature of Signing Officer or Director — Date