2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 747476

Entity Name: AVONDALE WOOD HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

12402 SAWGRASS CT.
WELLINGTON, FL 33414 US

New Principal Place of Business:

12487 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 ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM D PD
12402 SAWGRASS COURT
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

DEEM, SABRINA N PD
12487 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: SABRINA DEEM 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KING, WILLIAM D
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998 US

Title: TD ( ) Delete
Name: WEGLEWSKI, CINDY
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998 US

Title: VPD ( ) Delete
Name: DEEM, SABRINA
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998

Title: SD ( ) Delete
Name: STURGIS, BONNIE
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEEM, SABRINA N
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998 US

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

Title: VPD (X) Change ( ) Addition
Name: WERKHEISER, MICHAEL V
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998

Title: SD (X) Change ( ) Addition
Name: DEHNE, DERRIL
Address: PO BOX 212853
City-St-Zip: ROYAL PALM BEACH, FL 334119998 US

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: SABRINA DEEM PD 01/21/2009
Electronic Signature of Signing Officer or Director Date