

5/3/0

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 760099**

1. Entity Name

THE AVENUES CONDOMINIUM ASSOCIATION, INC.**FILED**
May 25, 2001 8:00 am
Secretary of State

05-03-2001 90085 050 ****61.25

Principal Place of Business

Mailing Address

2909 ST JOHNS AVENUE
JACKSONVILLE FL 32205
US8641 BAYPINE RD.
SUITE 1
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2151723

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROPERTY SERVICES, INC.
8641 BAYPINE ROAD,
SUITE 1
JACKSONVILLE FL 32258

Name

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

City

FL

Zip Code

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.

SIGNATURE

Jennifer Shanon as agent

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

(NOTE: Registered Agent signature required when reinstating)

2/12/01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALLOY, JEROME	
STREET ADDRESS	2909 ST JOHNS AVE C-27	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANNA, KAREN	
STREET ADDRESS	2909 ST JOHNS AVE C-24	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	O'BRIAN, JAMIE	
STREET ADDRESS	2909 ST JOHNS AVE B-22	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRANFMAN, VERA	
STREET ADDRESS	2909 ST JOHNS AVE B-19	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCC ONNELL, HARRY	
STREET ADDRESS	2909 ST JOHNS AVE B-16	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SICILIA Geronzo-O'Malley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 904-389-5469

1 CR2037 (10/00)