


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90051 039 \*\*\*\*61.25

**DOCUMENT # N04000001847**

1. Entity Name  
**THE TOWNHOMES AT AVALON LAKES ASSOCIATION, INC.**



Principal Place of Business  
**11507 N SHORE GOLF CLUB BLVD  
 ORLANDO, FL 32832**

Mailing Address  
**11507 N SHORE GOLF CLUB BLVD  
 ORLANDO, FL 32832**

**66010431**



2. Principal Place of Business  
**5401 S. KIRKMAN ROAD**  
 Suite, Apt. #, etc.  
**SUITE 450**

3. Mailing Address  
**5401 S. KIRKMAN ROAD**  
 Suite, Apt. #, etc.  
**SUITE 450**

01042005 Chg-NP CR2E037 (10/03)

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32819** Country  
**ORANGE**

Zip  
**32819** Country  
**ORANGE**

4. FEI Number  
**81-0740333**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SECRET, ROBERT L III  
 11507 N SHORE GOLF CLUB BLVD  
 ORLANDO, FL 32832**

7. Name and Address of New Registered Agent  
 Name  
**COMMUNITY MANAGEMENT PROFESSIONALS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5401 S. KIRKMAN ROAD STE. 450**  
 City **ORLANDO** FL Zip Code **32819**

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: *Robert L. III* President DATE: 1-13-05

(NOTE: Registered Agent signature required when remaining)

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOOKER, MARCUS P 11507 N SHORE GOLF CLUB BLVD ORLANDO, FL 32832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SECRET, ROBERT L III 11507 N SHORE GOLF CLUB BLVD ORLANDO, FL 32832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSSELL, DOUGLAS R 11507 N SHORE GOLF CLUB BLVD ORLANDO, FL 32832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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: *Douglas R. Russell* 1/6/05 407-243-9861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #