
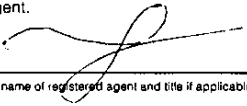
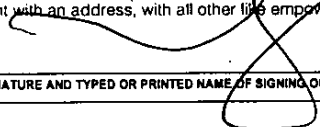


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 014 \*\*\*\*61.25

DOCUMENT # N06000000148			
1. Entity Name AVANTI HOMEOWNERS ASSOCIATION, INCORPORATED			
Principal Place of Business 155 N SHORE DR MIAMI BEACH, FL 33141		Mailing Address 155 N SHORE DR MIAMI BEACH, FL 33141	
2. Principal Place of Business - No P.O. Box # 3250 Mary Street Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133		3. Mailing Address 3250 Mary Street Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133	
04152008 Chg-NP		CR2E037 (12/06)	
4. FEI Number APPLIED FOR 20-4053705		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSENHEIMER, JAMES D 3250 MARY STREET SUITE 307 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Michael Goldberg Street Address (P.O. Box Number is Not Acceptable) 3250 Mary Street Suite 402 City Coconut Grove FL Zip Code 33133	
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 		DATE 4/30/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERMAN, DANA J 501 CONTINENTAL PLAZA 3250 MAIN STREET COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Goldberg (Receiver) 3250 Mary Street Suite 402 Coconut Grove, Fl. 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUKOFF, IRA 501 CONTINENTAL PLAZA 3250 MAIN STREET COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWARTZ, DAREN 501 CONTINENTAL PLAZA 3250 MAIN STREET COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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 titles empowered.			
SIGNATURE: 		DATE 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	