

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**

09 FEB -4 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02/04/09--01042--016 \*\*\$1.25

DOCUMENT # N06000000148

1. Entity Name  
AVANTI HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business  
155-193 NORTH SHORE DRIVE  
NORMANDY ISLE, FL 33141

Mailing Address  
P.O. BOX 402507  
MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
*Complete Property Management*  
P.O. BOX 402507  
MIAMI BEACH

City & State  
MIAMI BEACH FL

Zip  
33139

Country  
USA

10302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-4053705

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
Bakalar + Eichner, P.A.

7. Name and Address of New Registered Agent  
Bakalar & Eichner, PA  
Mellon Financial Center  
150 South Pine Island Road, Ste 540  
Plantation, Fla 33324

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: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR Is \$61.25

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	Delete
P	SCHWARTZ, DARREN	3250 MARY STREET SUITE 402	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Paul DiMarco	187 North Shore Dr #6	Miami Beach, FL 33141	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Vice-President	Leonard Schwartzberg	179 North Shore Dr #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Vice-President	Barbara Davis	163 North Shore Dr #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Treasurer	Matthew Storm	171 North Shore Dr #3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Secretary	Robert Watson	179 North Shore Dr #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Dec 1, 2008 Daytime Phone #