
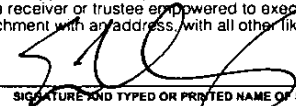


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 045 ****61.25

DOCUMENT # N06000004466					
1. Entity Name AVALON PARK COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828			Mailing Address 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBSTER, DAVID A 450 NORTH WYMORE ROAD WINTER PARK, FL 32790				Name W & P Services, Inc.	
				Street Address (P.O. Box Number is Not Acceptable) 450 N. Wymore Road	
				City Winter Park FL Zip Code 32789	
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 <u>David A. Webster, president of W&P Services, Inc.</u>				DATE <u>04.29.08</u>	
Filing Fee is \$61.25 Due by May 1, 2008 <input type="checkbox"/> 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees <input type="checkbox"/> Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACAU, JOSEPH			NAME	
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	
TITLE	PDS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, ERIC			NAME	
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLI, BEAT			NAME	
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: 				Date: <u>4/11/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40103



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR 26-2418468 Applied For
 Not Applicable

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