

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28220** (4)

1. Corporation Name

AVONDALE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

**NICHOLSON, GEORGIA
1839 ALTA VISTA ST.
SARASOTA FL 34236
US**

Mailing Address

**NICHOLSON, GEORGIA
1839 ALTA VISTA ST
SARASOTA FL 34236
US**

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0070732

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NICHOLSON, GEORGIA
1839 ALTA VISTA ST.
SARASOTA,
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **NICHOLSON, GEORGIA**
STREET ADDRESS **1839 ALTA VISTA ST.**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **QUEEN, BELINDA**
STREET ADDRESS **1920 ALTA VISTA ST.**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THACKER, RAY**
STREET ADDRESS **1919 LINCOLN DR.**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PATTEN, ROBERT**
STREET ADDRESS **1882 ALTA VISTA ST**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BOLLETTI, REBECCA**
STREET ADDRESS **1911 IRVING ST.**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Melnick, Frances**
5.3 STREET ADDRESS **1931 Irving St.**
5.4 CITY-ST-ZIP **Sarasota, FL**

TITLE **D** ☐ DELETE
NAME **BUTTAGGI, WILLIAM**
STREET ADDRESS **1900 LINCOLN**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frances L. Melnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances L. Melnick

4-10-96

941 951 6917

Date

Daytime Phone #

CR2E037 (12/95)