FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	MENT # N2	28220	(4)							
AVOND	ALE RESIDENTS A	ASSOCIATION, IN	IC.							
Delegional Diagra	of Ducinosa	Moilin	a Address							
Principal Place		Mailing Address								
NICHOLSON. (1839 ALTA VIS		NICHOLSON, GEORGIA 1839 ALTA VISTA ST								
SARASOTA FL		SARASOTA FL 34236				-	Date Incorporated or Qualified	3a. Date of	l act F	Perort .
US		US				"	09/07/1988	04/0)5/19	95
2. Principal Pla	ce of Business	2a. Mailing Address				4	FEI Number		A	pplied For
21		26					65-0070732		·	lot Applicable
Suite, Apt. #	, etc.	<u> </u>	uite, Apt. #, etc.			5	5. Certificate of Status Desired	□ \$ 8		Additional lequired
City & State		27 Ci	ty & State			- -	5. Election Campaign Financing) May Be
23		28	.,			"	Trust Fund Contribution			to Fees
Zip	Country	Zış	p	Country	у	8	B. This corporation has liability for i		jer s. 1	199.032,
24	25	29	ad Amont	30			Florida Statutes D. Name and Address of New R	Yes No		
	9. Name and Addres	s of Current Register	ea Agent	81	Name		V. Hallie Brid Addition Of Note In	ogistored Ager	-	
NICHOLS	SON, GEORGIA			82	Street	Addrace (P.O. Box Number is Not Acceptab	اها		
	TA VISTA ST.				Sireer	Addi ess (i	,o. box Number is Not Acceptab	,		
SARASO	•			83	3					
SARASO'	TA FL 34236			84	City			85	Zip	Code
44 Divisions to	a the provisions of Caption	on 617 0600 and 617 1	EOR Florida Statuto	s the above	named or	nrogration	submits this statement for the pur	FL of changing	a its re	nistered office
or registere	ed agent, or both, in the S h, and accept the obligati	State of Florida. Such ch	nange was authorize	d by the con	poration's	board of	directors. I hereby accept the appoint	ointment as regis	tered	agent. I am
	n, and accept the obligati	ons of, Section 617.050	os, rionda statutes.							
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:			E: Registered Ag	ent signature r	required when		DATE DID		DC IN 16
12.	OF OF	FICERS AND DIRECTO	DELETE	13.		T	ADDITIONS/CHANGES TO OFF	ICERS AND DIR		Addition
TITLE NAME	NICHOLSON, GEO	RGIA	Checcie	1.2 NAME					.	
STREET ADDRESS	1839 ALTA VISTA S				T ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 CITY	ST-ZIP					
TITLE	S		DELETE	2.1 TITLE				Ch	ange	Addition
NAME	QUEEN, BELINDA	PT.		2.2 NAME		İ				
STREET ADDRESS	1920 ALTA VISTA S SARASOTA FL	01.			ET ADDRESS					
CITY-ST-ZIP TITLE	D		DELETE	2.4 CiTY 3.1 TITLE		 		☐ Ch	ange	Addition
NAME	THACKER, RAY			3.2 NAME				_	-	
STREET ADDRESS	1919 LINCOLN DR	•		3.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP	SARASOTA FL			3.4. CITY	-ST-ZIP	ļ				
TITLE	D DATTEN DODEDT		DELETE	4.1 TITLE				□ CH	ange	☐ Addition
NAME	PATTEN, ROBERT 1862 ALTA VISTA	ĈТ		4. 2 NAM						
STREET ADDRESS	SARASOTA FL	J1	,	4.3 STRE 4.4 CITY	ET ADORESS				_	
CITY-ST-ZIP TITLE	D		DELETE	5.1 TITLE		D.		X Cr	vange	☐ Addition
NAME	BOLLETTI, REBECO	CA	\nearrow	5.2 NAM		Meli	nick, Frances I Irving St. asota, Fl	/ \		
STREET ADDRESS	1911 IRVING ST.		1	53 STRE	ET ADDRESS	193	1 Irving St.			
CITY-ST-ZIP	SARASOTA FL			54 CITY		Sar	asota, FI			The same of
TITLE	D DITTAGE MAILLA	ы	DELETE	6.1 TITLE				□ Cr	iange	Addition
NAME	BUTTAGGI, WILLIA 1900 LINCOLN	IM		6.2 NAMI						
STREET ADDRESS	SARASOTA FL			6.4 CITY	ET ADDRESS					
CITY-ST-ZIP 14. I do hereb	by certify that the informati	on supplied with this fili	ng is voluntarily furn	ished and do	es not qu	alify for the	e exemption stated in Section 119	.07(3)(k), Florida	Statut	es. I further

SIGNATURE: