


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90002 019 ****61.25

DOCUMENT # N28220

1. Entity Name
 AVONDALE RESIDENTS ASSOCIATION, INC.



Principal Place of Business
 MOLLIE CARDAMONE
 1116 YALE AVENUE
 SARASOTA, FL 34236 US

Mailing Address
 MOLLIE CARDAMONE
 1116 YALE AVENUE
 SARASOTA, FL 34236 US

14027432



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

09092004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 65-0070732

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARDAMONE, MOLLIE
 1116 YALE AVENUE
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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 | VPD | <input type="checkbox"/> Delete |
| NAME | SHELL, DOTTIE | |
| STREET ADDRESS | 1961 LINCOLN | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | TIMMINS, CHERYL | |
| STREET ADDRESS | 1826 ALTA VISTA STREET | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SCHNEIDER, LOU | |
| STREET ADDRESS | 1815 IRVING STREET | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STUTSMAN, JANET | |
| STREET ADDRESS | 1033 S OSPREY AVENUE | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CARDAMONE, MOLLIE | |
| STREET ADDRESS | 1116 YALE AVENUE | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cheryl Timmins, Treasurer 8/31/04 941-552-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHERYL TIMMINS