


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 002 ****61.25

DOCUMENT # N28220
1. Entity Name
AVONDALE RESIDENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
MOLLIE CARDAMONE **MOLLIE CARDAMONE**
1116 YALE AVENUE **1116 YALE AVENUE**
SARASOTA FL 34236 **SARASOTA FL 34236**
US **US**

50066049



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
CHERYL TIMMINS **CHERYL TIMMINS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1826 Alta Vista St **1826 Alta Vista St.**

City & State City & State
Sarasota, FL **Sarasota, FL**

Zip Country Zip Country
34236 USA **34236 USA**

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 **CHERYL TIMMINS**
1116 YALE AVENUE **1826 ALTA VISTA ST**
SARASOTA FL 34236 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	SCHELL, 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 **9/3/05 (941) 539-3333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #