# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2007**
**Secretary of State**

DOCUMENT# N28220

**Entity Name:** AVONDALE RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1870 IRVING STREET
ATTN: GEORGE REID
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2399
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number: 65-0070732** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REID, GEORGE A
1870 IRVING STREET
SARASOTA, FL 34230 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: FIORE, LOUIS
Address: 1847 LINCOLN DR.
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete
Name: REID, GEORGE
Address: 1870 IRVING STREET
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: SCHNEIDER, LOU
Address: 1815 IRVING STREET
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete
Name: MELNICK, FRAN
Address: 1931 IRVING STREET
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete
Name: CARDAMONE, MOLLIE
Address: 1116 YALE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: THACKER, RAY
Address: 1919 LINCOLN DRIVE
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE A. REID T 04/28/2007

Electronic Signature of Signing Officer or Director — Date