FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90245 047 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28220

1. Entity Name
AVONDALE RESIDENTS ASSOCIATION, INC.

90123653

Mollie Cardamone

Principal Place of Business	Mailing Address
~~NICHOLSON, GEORGIA~~	~~TUSCALOOSA, FLORIDA~~ Mollie Cardamone
~~1950 ALTA VISTA ST~~	~~1950 ALTA VISTA ST~~
SARASOTA, FL 34236 US	SARASOTA, FL 34236 US

2. Principal Place of Business	3. Mailing Address
Mollie Cardamone	Mollie Cardamone
Suite, Apt. #, etc. 1116 Yale Avenue	Suite, Apt. #, etc. 1116 Yale Avenue
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236 Country USA	Zip 34236 Country USA

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~COURSEN, LIZ~~	Name Mollie Cardamone
~~1950 ALTA VISTA STREET~~	Street Address (P.O. Box Number is Not Acceptable) 1116 Yale Avenue
SARASOTA, FL 34236	City Sarasota FL Zip Code 34236

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 Mollie Cardamone 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COURSEN, LIZ 1950 ALTA VISTA STREET SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mollie Cardamone 1116 Yale Avenue Sarasota, FL. 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHELL, DOTTIE 1951 LINCOLN SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TIMMINS, CHERYL 1826 ALTA VISTA STREET SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHNEIDER, LOU 1816 IRVING STREET SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUTSMAN, JANET 1033 S OSPREY AVENUE SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 4/29/03 (941)383-6411
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR Date Daytime Phone #