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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001484

1. Corporation Name

AVALON POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

2801 N. MILITARY TRAIL
 BOCA RATON FL 33431
 US

Mailing Address

2801 N. MILITARY TRAIL
 BOCA RATON FL 33431
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

03/22/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

HAAG, DAVID
 2801 N. MILITARY TRAIL
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DUBERMAN, LEW	4004 NW 64TH RD	BOCA RATON FL 33496	<input type="checkbox"/>
VD	ANDERSON, BETH	4015 NW 64TH ROAD	BOCA RATON FL 33496	<input checked="" type="checkbox"/>
SD	BROOKS, EILEEN	6379 NW 40TH COURT	BOCA RATON FL 33496	<input type="checkbox"/>
VD	SUSSMAN, RALPH	4025 NW 64TH ROAD	BOCA RATON FL 33496	<input checked="" type="checkbox"/>
TD	MARGOLIES, MICHAEL	4044 NW 64TH ROAD	BOCA RATON FL 33496	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	DAILEY, BETH	4035 NW 64TH ROAD	BOCA RATON, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GRANDIS, RUTH	4045 NW 64TH ROAD	BOCA RATON, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

561-241-0285

Date

Daytime Phone #

CR2E037 (1/98)