

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001484

FILED
Jan 08, 2009
Secretary of State

Entity Name: AVALON POINTE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PRIME MGMT GROUP
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0591370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCKER LAW FIRM
400 SOUTH DIXIE HWY
BOCA RATON, FL 33432 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: S () Delete
Name: FOGEL, NORMA
Address: 4025 AVALON POINTE DR
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: STRASSER, SUSAN
Address: 4085 AVALON POINTE DR
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: FABER, RICHARD
Address: 4024 AVALON POINTE DR
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: SCHAPIRO, DANIEL
Address: 6339 NW 40TH CT
City-St-Zip: BOCA RATON, FL 33496

Title: P () Delete
Name: DUBERMAN, FERN
Address: 4004 AVALON POINT DRIVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CALDER, JANE
Address: 6379 AVALON POINTE COURT
City-St-Zip: BOCA RATON, FL 33496

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:

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: FERN DUBERMAN

P

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date