

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 19, 2007**  
**Secretary of State**

DOCUMENT# N04000001847

**Entity Name:** THE TOWNHOMES AT AVALON LAKES ASSOCIATION, INC.**Current Principal Place of Business:**5401 S KIRKMAN RD  
STE 450  
ORLANDO, FL 32819**New Principal Place of Business:**5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822**Current Mailing Address:**5401 S KIRKMAN RD  
STE 450  
ORLANDO, FL 32819**New Mailing Address:**5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822**FEI Number:** 87-0740333**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COMMUNITY MGMT PROFESSIONAL  
5401 S KIRKMAN RD STW 450  
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**LELAND MANAGEMENT  
5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 US

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: REBECCA FURLOW

07/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FERRARI, LUIGI  
**Address:** 1219 FALLING STAR LANE  
**City-St-Zip:** ORLANDO, FL 32828**Title:** S ( ) Delete  
**Name:** FISHER, HOBIE  
**Address:** 13824 DOVE WING  
**City-St-Zip:** ORLANDO, FL 32828**Title:** TVP ( ) Delete  
**Name:** DITMAR, PAUL  
**Address:** 13657 MIRROR LAKE DR  
**City-St-Zip:** ORLANDO, FL 32828**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S (X) Change ( ) Addition  
**Name:** FISHER, HOBIE  
**Address:** 13824 DOVE WING COURT  
**City-St-Zip:** ORLANDO, FL 32828**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: HOBART F FISHER

SEC

07/19/2007

Electronic Signature of Signing Officer or Director

Date