

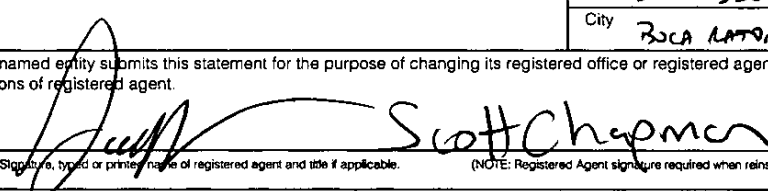



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 744559</b> 1. Entity Name <b>AVIARA HOMEOWNERS ASSOCIATION, INC.</b>				<b>FILED</b>  08 SEP 24 PM 2:37  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>CAS MANAGEMENT</b> <b>951 BROKEN SOUND PKWY STE 250</b> <b>BOCA RATON, FL 33487 US</b>		Mailing Address <b>CAS MANAGEMENT</b> <b>951 BROKEN SOUND PKWY STE 250</b> <b>BOCA RATON, FL 33487 US</b>			
2. Principal Place of Business - No P.O. Box # <b>FEDERAL HOME + PAID. MGMT.</b>		3. Mailing Address <b>FEDERAL HOME + PAID. MGMT.</b>			
Suite, Apt. #, etc. <b>6898 CONSUMERS STREET</b>		Suite, Apt. #, etc. <b>P.O. Box 81120</b>			
City & State <b>BOCA RATON FL.</b>		City & State <b>BOCA RATON FL.</b>		4. FEI Number <b>59-1917659</b>	
Zip <b>33473</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MESSINGER, JOEL</b> <b>951 BROKEN SOUND PKWY</b> <b>STE 250</b> <b>BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>THE CHAPMAN LAW FIRM P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 CONGRESS AVENUE</b> <b>SUITE 3204</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33487</b>			
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  <b>Scott Chapman</b> DATE <b>9/11/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIGILIO, JOSEPH 22224 B BOCA RANCHO DR BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCH, MARION 22216 D BOCA RANCHO DR BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFER, CHRISTINE 22232 A BOCA RANCHO DR BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAUB, JARED 22200 B BOCA RANCHO DR BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			900136303809 09/24/08--01024--004 **\$61.25		
SIGNATURE: 			9/11/08 (541) 394-2523		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		