

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000004398

1. Entity Name
AVALON LAKES HOMEOWNERS ASSOCIATION, INC.



08 NOV 24 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1501 NW 49 ST
2ND FLOOR
FORT LAUDERDALE, FL 33309 US

Mailing Address
1501 NW 49 ST
2ND FLOOR
FORT LAUDERDALE, FL 33309 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
(11-0726879)

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KATZMAN GARFINKEL
1501 NW 49 ST
2ND FLOOR
FORT LAUDERDALE, FL 33309

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR 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

TITLE NAME	P DICKENSON, SABRINA	☒ Delete
STREET ADDRESS	1312 WILLOW BRANCH	
CITY-STATE-ZIP	ORLANDO, FL 32828	
TITLE NAME	S HOCH, EDWARD	☒ Delete
STREET ADDRESS	918 WILLOW BRANCH	
CITY-STATE-ZIP	ORLANDO, FL 32828	
TITLE NAME	J JOHNSTON, SHERRI	☐ Delete
STREET ADDRESS	1238 WILLOW BRANCH	
CITY-STATE-ZIP	ORLANDO, FL 32828	
TITLE NAME	D KRISHNA, ROGER	☐ Delete
STREET ADDRESS	14241 SAPPHIRE PINE CIR.	
CITY-STATE-ZIP	ORLANDO, FL 32828	
TITLE NAME	ASP CUNA, FRANCISCO	☐ Delete
STREET ADDRESS	13936 OCEAN PINE CIR	
CITY-STATE-ZIP	ORLANDO, FL 32828	
TITLE NAME	D FISHER, HOBART	☐ Delete
STREET ADDRESS	13824 DOVE WING COURT	
CITY-STATE-ZIP	ORLANDO, FL 32828	

11. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P SCOTT SANTOMAURO	☐ Change ☒ Addition
STREET ADDRESS	13851 MIRROR LAKE DR	
CITY-STATE-ZIP	ORLANDO FL 32828	
TITLE NAME	VPD MARY ROBINSON	☐ Change ☒ Addition
STREET ADDRESS	13625 SUMMER RAIN	
CITY-STATE-ZIP	ORLANDO FL 32828	
TITLE NAME	TD LIZ HAIGHT	☐ Change ☒ Addition
STREET ADDRESS	13825 DOVE WING CT	
CITY-STATE-ZIP	ORLANDO FL 32828	
TITLE NAME	100138232921	☐ Change ☐ Addition
STREET ADDRESS	11/24/08--01059--016 **\$61.25	
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/08 321-251-6006

Date

Signature Page #

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