

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004403

FILED
Apr 20, 2009
Secretary of State

Entity Name: AVALON PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T G LEE BLVD SUITE 300
ORLANDO, FL 32822

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

5955 T G LEE BLVD SUITE 300
ORLANDO, FL 32822

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 59-3569797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T G LEE BLVD SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHLI, BEAT
Address: 13001 FOUNDERS SQUARE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: HALLE, ROSS
Address: 13001 FOUNDERS SQUARE DR.
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: HODSON, STEPHANIE
Address: 13001 FOUNDERS SQUARE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: MILLER, JOSEPH
Address: 13307 LAKE LIVE OAK DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: DE COCQ, JAMES
Address: 1906 TORCHWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAHLI, BEAT
Address: 3680 AVALON PARK EAST BLVD #300
City-St-Zip: ORLANDO, FL 32809

Title: VD (X) Change () Addition
Name: HALLE, ROSS
Address: 3680 AVALON PARK EAST BLVD #300
City-St-Zip: ORLANDO, FL 32828

Title: TD (X) Change () Addition
Name: HODSON, STEPHANIE
Address: 3680 AVALON PARK EAST BLVD #300
City-St-Zip: ORLANDO, FL 32828

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: BEAT KAHLI

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date