

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001847

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** THE TOWNHOMES AT AVALON LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Principal Place of Business:**

390 WEST SR 434  
SUITE 203  
LONGWOOD, FL 32750

**Current Mailing Address:**

5955 T. G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Mailing Address:**

390 WEST SR 434  
SUITE 203  
LONGWOOD, FL 32750

**FEI Number:** 87-0740333

**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:**

PALMERSTON, LLC  
390 WEST SR 434  
SUITE 203  
LONGWOOD, FL 32750 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: RAKESH SHARMA

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DITMAR, PAUL  
Address: 13657 MIRROR LAKE DR  
City-St-Zip: ORLANDO, FL 32828

Title: TRES ( ) Delete  
Name: FISHER, HOBIE  
Address: 13824 DOVE WING COURT  
City-St-Zip: ORLANDO, FL 32828

Title: SEVP ( ) Delete  
Name: GUARINO, MICHAEL  
Address: 14208 TURNING LEAF DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: LIZ, HAIGHT  
Address: 13825 DOVE WING COURT  
City-St-Zip: ORLANDO, FL 32828

Title: V (X) Change ( ) Addition  
Name: FISHER, HOBIE  
Address: 13824 DOVE WING COURT  
City-St-Zip: ORLANDO, FL 32828

Title: P (X) Change ( ) Addition  
Name: GUARINO, MICHAEL  
Address: 14208 TURNING LEAF DR  
City-St-Zip: ORLANDO, FL 32828

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: MICHAEL BONO

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date