

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90169 043 ****61.25

DOCUMENT # N02000004398

1. Entity Name

AVALON LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**5511 HANSEL AVE
ORLANDO FL 3209**

Mailing Address

**5511 HANSEL AVE
ORLANDO FL 3209**

2. Principal Place of Business

**5401 S Kirkman Rd
Suite, Apt. #, etc.
475**

3. Mailing Address

**5401 S Kirkman Rd
Suite, Apt. #, etc.
475**



☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

010726879

Applied For

☐ Not Applicable

32819

Country

32819

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~SECRIS, ROBERT L III
5511 HANSEL AVE
ORLANDO FL 3209~~

7. Name and Address of New Registered Agent

Name **Community Mgmt Prof Inc.**
Street Address (P.O. Box Number is Not Acceptable)
5401 S. Kirkman Rd #475

City **Orlando**

FL

Zip Code **32819**

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

Paul Carpenter Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/03

FILE NOW: FEE 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 STREET ADDRESS CITY-ST-ZIP	DP HOOKER, MARCUS P 5511 HANSEL AVE ORLANDO FL 3209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUSSELL, DOUGLAS R 5511 HANSEL AVE ORLANDO FL 3209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SECRIST, ROBERT L III 5511 HANSEL AVE ORLANDO FL 3209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required

2/6/03

407-277-7277

CR2E037 (10/02)