

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760099

**Entity Name:** THE AVENUES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2909 ST JOHNS AVENUE  
JACKSONVILLE, FL 32205**Current Mailing Address:**7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256**FEI Number:** 59-2151723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE, INC.  
7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256 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:** NICHOLAS LAMBIASE JR

01/17/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	HOLMES, GARY
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	DUCAT, JANET
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREA
Name	BENJAMIN, VERA
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	SEC
Name	KEGEL, MIKE
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	NYGARD, PATRICIA
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	COOKE, JANICE
Address	7400 BAYMEADOWS WAY SUITE 317
City-State-Zip:	JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

**SIGNATURE:** GARY HOLMES

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01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date