

2017 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

01/19/2017

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

Title DIRECTOR
Name LOGAN, MARILYN
Address 7400 BAYMEADOWS WAY
SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name DOYLE, PAUL C
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

PRESIDENT

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date