2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N02000004398

Entity Name: AVALON LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

640 E. STATE ROAD 434 SUITE 3000 LONGWOOD, FL 32750

Current Mailing Address:

640 E. STATE ROAD 434 SUITE 3000 LONGWOOD, FL 32750 US

FEI Number: 01-0726879

Name and Address of Current Registered Agent:

BONO AND ASSOCIATES, LLC 640 E. STATE ROAD 434 SUITE 3000 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	: MICHAEL L. BONO		03/05/2020
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	DIRECTOR	Title	PRESIDENT
Name	FRANK, CHRISTOPHER	Name	FORSYTH, HOLLY
Address	640 E. STATE ROAD434 SUITE 3000	Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	VP	Title	DIRECTOR
Name	PERSAD, VARUN	Name	VANNORSTRAND, ERIN
Address	640 E. STATE ROAD434 SUITE 3000	Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	TREASURER	Title	DIRECTOR
Name	LARIMER, BRENT	Name	GERAGHTY, DANIEL
Address	640 E. STATE ROAD434 SUITE 3000	Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	SECRETARY	Title	COMMUNITY MANAGEMENT - OWNER
Name	LEIN, SARAH	Name	BONO, MICHAEL
Address	640 E. STATE ROAD434 SUITE 3000	Address	640 E. STATE ROAD 434 SUITE 3000
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

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: HOLLY FORSYTH		PRESIDENT	03/05/2020
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Mar 05, 2020 Secretary of State 6976533982CC

Certificate of Status Desired: No